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			DEPARTMENT C	INVESTIGATION		
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<b>/</b> 0		MR. Edwid R.T	twily		Personnel Aetlon Number F.B.I	
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	* 34 	·	5	- , 		10 Sec. 10 Sec

October 25, 1947

#### PERSONAL AND CONFIDENTIAL

Special Agent in Charge

New York

Dear Sir:

You are instructed to submit special efficiency reports relative to the Agent personnel listed below. These reports should be submitted not later than November 8, 1947.

John Ronry Rloinkauf - Edwin R. Tully

JEE: ru

Very truly yours,

John Edgar Hoover Director

40CT 281947

CALLED DUPLICATE VELLOW

Remarks

DEPARTMENT OF JUSTICE NOTICE OF LEAVE WITHOUT PAY

3.4		
No	-	
		-

M Edwin R. Tull	<b>y</b>	Date Septer	ber 20.	19_47
Title		Grade and Salary		,
Division or Bureau	FBI		Departm	ent 🔲
Appropriation	ı		Field	x ager
Beginning		Terminating C. O. B.		
Indefinite [ ]*	4		<i>.</i>	

J. Edger Heover

#### \*IMPORTANT:

This form to be used for reporting all leave without pay EXCEPT military.

Deduct 8 hours on September 13, 1947.

Persons returning to duty subsequent to this report or from indefinite leave will not be restored to the pay roll until Form PR3a (LWOP) is submitted.

8: (Bureau)

ST-NOT HECKEDED 5





Form PR3 Revised (LWOP)

### DEPARTMENT OF JUSTICE NOTICE OF LEAVE WITHOUT PAY

No		
	No	

0)	n (1.00.00 Å 2.00
M Fdwin R. Tully	Date September 12, 19 47
Title	Grade and Salary
Division or Bureau FBI	Department
Appropriation	Field segent
Beginning	Terminating C. O. B.
Indefinite [ ]*	
Remarks Deduct 8 hours on Septer	iber 6, 1947.

#### J. Edgar Hoover

#### \*IMPORTANT:

This form to be used for reporting all leave without pay EXCEPT military.

Persons returning to duty subsequent to this report or from indefinite leave will not be restored to the pay roll until Form PR3a (LWOP) is submitted.

ACEP TO 18

67-NOT RECORDED 3

(Bureau)

### EDWIN R. TULLY, SPECIAL AGENT, CAF-11 SPECIAL EFFICIENCY REPORT, NOVEMBER 1, 1947

This is a Special Efficiency Report, which is being submitted pursuant to Bureau request.

This agent entered on duty with the Bureau as a Special Agent on January 4, 1943 and arrived in the New York Office on November 14, 1946. He is presently in grade CAF-11 at a salary of \$4,902.00 per annum. This agent is tall with a slender build. He dresses exceptionally neat and has a friendly personality. He is very popular among the other agents. He meets people well. This agent is a very enthusiastic worker. He has shown a considerable amount of initiative, resourcefulness, force and aggressiveness. He is a hard worker, always willing to accept extra assignment and is very conscientious. Although he has only been an agent a comparatively short time, he has developed to such an extent that he can handle any type of assignment which may be given him. He is a very loyal employee.

This agent's report writing is excellent and requires practically no supervision. He has produced a very high volume of work. He accepts responsibility and discharges such without supervision. He is extremely capable of organizing and initiating investigations. During the pertinent period this agent has been handling Internal Security - C and Security Matter - C investigations.

This agent has not been assigned to any supervisory duty and thus has not had an opportunity to demonstrate such ability. Nevertheless, he does handle his cases in a very appropriate manner.

I consider this agent EXCELLENT in his present grade.

8101/2/21

FEDERAL BUREAU OF INVESTIGATION

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Gealese

U. S. GOVERNMENT PRINTING OFFICE 16-26177-3





Form approved Budget Bureau No. 50-R012.2.\ Approval expires Mar. 31, 1947.

## REPORT OF EFFICIENCY RATING

ADMINISTRATIVE-UNOFFICIAL OFFICIAL:	•		1
REGULAR ( ) SPECIAL PROBATIONAL or TRIAL PERIOD	ç	X.	,

ב ממפונים ב			NAL OF IMMA PERIOD ( )
	1947 based on performance during		7 to NOVEMBER 1, 1947
EDWIN R. TUI		ENT, CAF-11 (Title of position, service, and	***************************************
FEDERAL BURE			grade)
. DURALI DUR	AU OF INVESTIGATION, NEW (Organization—Indicate bureau, div		
ON LINES BELOW	1. Study the instructions in the Rat	ing Official's Guide, C. S. C. F	orm CHECK ONE:
MARK EMPLOYEE	No. 3823A.		1
V if adequate	2. Underline the elements which are a. Rate only on elements pertinent to	the position.	Cunowidawi on
- if weak	a. Do not rate on elements in ito istrative, supervisory, or pl	<i>llics</i> except for employees in ad-	min- planning
+ if outstanding	b. Rate administrative, superv	isory, and planning functions	s on
	elements in italics.	-	All others
(1) Maintenance of	of equipment, tools, instruments.	(21) Effectiveness in p	lanning broad programs.
(2) Mechanical ski	•	(22) Effectiveness in a	dapting the work program to
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cedures.		(23) Effectiveness in d	
rangement a	of work (appropriateness of ar- and appearance of work). broad phases of assignments.	ing standards nates.	aying out work and éstablish- of performance for subordi-
(6) Attention to pe		(25) Effectiveness in dr ing the work of	recting, reviewing, and check-
(7) Accuracy of o	perations.		instructing, training, and
(8) Accuracy of fi	*	developing súbo	rdinates in the work.
(9) Accuracy of j	- <del>-</del>		romoting high working morale.
	in presenting ideas or facts.	and equipment 7	determining space, personnel, reeds.
(11) Industry.  1. (12) Rate of programents.	ress on or completion of assign-	(29) Effectiveness in	setting and obtaining adher- its and deadlines.
4:(13) Amount of acc	ceptable work produced. (Is mark oduction records?NO)	(30) Ability to make de	
	(Yes or no)	(31) Effectiveness in authority to act.	
(14) Ability to orga	anize his work.		
(15) Effectiveness others.	in meeting and dealing with	STATE ANY OTHER E	LEMENTS CONSIDERED
(16) Cooperativene	ŚS.	Ability to direct &	lead a group of agents
17) Initiative.		(A) On raids & de	ngerous assignments. or additional
18) Resourcefulne	ss.	(B) Responsibilit	tv
(20) Physical fitnes	ss for the work.	(C):	
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Plus marks on at least	half of the underlined elements, and	d no minus	· Dauften
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Rated by Educa EDWARD SCHEIDT	Signature of rating official) www.	CIAL AGENT IN CHARGE (Title)	NOVEMBER 1, 1947 (Date)
	gnature of reviewing official)	**************************************	/Dafa\
		(Title)	(Date)
Rating approved by effic	ciency rating committee(Date)	Report to employee(Adjecti	ve rating)

TO

Mr. Glavin

FROM::

H. L. Edwards

SUBJECT:

Edwin Raymond Tully

Special Agent

New York Division

DATE: 11-10-47/

This employee entered on duty as an Under Clerk, was appointed a Special Agent on 1-4-43, and was reallocated to Grade CAF-11, \$4902 per annum on 7-1-46. He was considered for reallocation to Grade CAF-11 on 5-17-46

RE:

and was advised by letter dated 5-22-46, that this reallocation would become effective 7-1-46, due to the unavailability of funds for the remainder of the fiscal year. He is being considered for reallocation to Grade CAF-12, \$5905.20 per annum.

REALLOCATION

On 10-4-46, and 11-15-46 his SACs rated him EXCELLENT.

On 11-17-46 he was transferred to the New York Division.

On 3-31-47, SAC Scheidt rated him EXCELLENT and said he presented a very good appearance, appeared to be above average in intelligence, used good judgment, had shown an above average amount of initiative, resourcefulness, force and aggressiveness, his general attitude was excellent, he had been extremely cooperative, and he was rated an excellent dictator. He was given the rating of excellent during Moot Court, his firearms record was very good, he was capable of handling dangerous assignments, his report writing was excellent and required a minimum of supervision, he produced a very high volume of work, he was very capable of organizing and initiating investigations, and he accepted and discharged responsibility without supervision.

On 11-1-47, SAC Scheidt rated him EXCELLENT and said he was very popular among the other agents, his report writing was excellent and required practically no supervision, and he had not been assigned to any supervisory duty, however, he did handle his cases in a very appropriate manner.

RECOMMENDATION: It is recommended that he be reallocated to Grade CAF-12, \$5905.20 per annum. 8NOV 171947

JEE: ese

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FEDERAL BUREAU UT INVESTIG

**CO** 

Hovember 14, 1947

Mr. Edwin R. Tully Rederal Eureau of Investigation New York, New York

Dear Mr. Tully:

I am indeed pleased to advise you that you have been recommended for promotion from the position of Special Agent, £1902 per annum in Grade CAF 11, to the position of Special Agent, £5905.20 per annum in Grade CAF 12, effective November 16, 1917.

Sincerely yours,

John Edgar Hoover Director

8NOV 171947

K. OURDED

CC: SAC - New York Ur. J. E. Edwards Lovement Section

COMMUNICATIONS SECTION

MAILED 11

WALKOV 14 1947 P.M.

FEDERAL BUREAU OF INVESTIGATION
U/8. DEPARTMENT OF JUSTICE

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r. Tolson
r. E. A. Tara
r. Clegg
r. Ladd
r. Ladd
r. Nichols
r. Rosen
r. Tracy
r. Carson
r. Egan
r. Gurlea
r. Gurlea
r. Harbo
r. Harbo
r. Harbo
r. Harbo
r. Percen





#### United States Department of Justice Bederal Bureau of Investigation

IN REPLY, PLEASE REFER TO

FILE No. \_

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the widow or designated beneficiary of any Special Agent of the Federal Bureau of Investigation, United States Department of Justice, who had contributed to this fund prior to February 15, 1948, and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of ten dollars (\$10.00), made payable to the Chief Clerk of said Bureau, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund, which I understand is to be administered in the following manner:

The Director of the Bureau will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director of the Bureau in pertinent matters. The Chief Clerk of said Bureau shall receive all contributions and account for same to the Director.

Upon the death of any Special Agent, the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Chief Clerk, directing him to pay to the designated beneficiary the sum of \$10,000.

The following person is hereby designated as my beneficiary for F. B. I. Agents' Insurance Fund:

Name Mildred Tully Address 361 Clinton Aug. Brooklyn M. Relationship Wife Dated 1-13-48

The following person is hereby designated as my beneficiary under the Chas. S. Ross Fund providing \$1500-death benefit to beneficiary of agents killed in line of duty.

Name Mildred Tully Address 361 Clinton Aug. Billyn N. Relationship Wife Dated 1-13-48

8 JAN 2019 Grant ruly yours,

Special Agent

00



NAME: TULLY, EDWIN R.

POSITION: SA

E.O.D. 1/4/43

SAIARY: CAF-11, \$4902.

OFFICES OF PREFERENCE: (1) NEW YORK (2) NEW HAVEN

EXAMINATIONS: AGENT'S 91.75

SAC EDWARD SCHEIDT (W. T. Marchessault)

This agent is tall with a slender build. He dresses very neatly and has a good appearance. He has a quiet personality but, nevertheless, makes friends very readily. He exercises very good judgment. He is above average in initiative, resourcefulness, force and aggressiveness. His attitude toward his work is excellent and he is extremely cooperative. He is always available for extra assignment. He has produced a high volume of work. He accepts responsibility and requires no supervision. I consider this agent EXCELLENT in his present grade.

#### INSPECTOR GURNEA

This Agent makes an excellent first impression; he is clean-cut, alert, dresses properly and is generally well poised and a good conversationalist. He appears to have a good grasp of his work and registers proper enthusiasm. He should advance in the Bureau and appears definitely marked for promotion as he can be considered above average in the qualities mentioned.

Inspection Report New York Office Inspector Gurnea Interviewed by R. P. Lawson Date 10/16/47 TADEC 24 1941

No. 0 9641

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	44.5				Tully	
- 1	KΩ	27 T		N.	****** * * *	7
11	****		· -	***		<b>.</b>

Date\_

December 3.

47

Title

Grade and Salary

Division or Bureau FBI

Department [

Appropriation

Field

m agent

Beginning

Terminating C. O. B.

Indefinite | |\*

Remarks Deduct 8 hours on Movember 29, 1947.

J. Edgar Hoover

#### \*IMPORTANT:

This form to be used for reporting all-leave without pay EXCEPT military.

Persons returning to duty subsequent to this report or from indefinite leave will not be restored to the pay roll until Form PR3a (LWOP) is submitted.

SDEC 5 1947

6. (Bureau)

EDWIN R. TULLY, SPECIAL AGENT, CAF-12 ANNUAL EFFICIENCY REPORT, MARCH 31, 1948

Special Agent Edwin R. Tully entered on duty with the Bureau as a Special Agent on January 4th, 1943, and arrived in the New York Field Division on November 14th, 1946. He is presently in grade CAF-12 at a salary of \$5,905.20.

This agent is tall with a slender build, He dresses exceptionally neat and has a friendly personality. He is very popular among his fellow employees.

He has shown an above average amount of initiative, resourcefulness, force and aggressiveness in the handling of his work. This agent is a hard and willing worker. He is very conscientious and shows an interested attitude in his work. He always makes himself available for extra assignments. He is very enthusiastic and exercises excellent judgment in the handling of his cases. He is a very thorough worker.

This agent's dictation is rated as excellent. His firearms, record reflects that he is entitled to the general rating of very good, and that he is capable of handling dangerous assignments. He is above average at organizing and initiating investigations. He accepts responsibility and discharges such without supervision. His report writing is excellent and requires a minimum amount of supervision. He has produced a very high volume of work. During the pertinent period, he has developed seven sources of information.

During the pertinent period, this agent has handled Internal Security - C, Security Matter - C, and loyalty investigations.

I have not observed any administrative or supervisory ability on the part of this agent although it should be noted Ethat cduring the pertinent 

Filed. I consider this agent to be VERY GOOD in his present grade 1948

FEDERAL BUREAU OF INVESTIGATION

THREE TWO WERT

#### ANNUAL



Form approved Budget Bureau No. 50-R012.2.\ Approval expires Mar. 31, 1947.

Administrative-unofficiāl Official:	(	1
REGULAR (X) SPECIAL PROBATIONAL or TRIAL PERIOD	3.	}

اخ	KEPUKI	OF	ADMINISTRATIVE OFFICIAL:	⊱UNOFFICIÂL (	)
	<b>EFFICIENCY</b>	RATING	G REGULAR (PROBATIONAL	X ) SPECIAL ( or TRIAL PERIOD (	3.
As of March 31, 1	948 based on performance during	ng period from			48
EDWIN R. TULLY (Name of emp	Special A	Agent, CAF	-12 of position, service, and grad		
`	of Investigation, New Yo	rk Field	Division	e <i>j</i>	
ON LINES BELOW MARK EMPLOYEE	<ol> <li>Study the instructions in the Range No. 3823A.</li> <li>Underline the elements which are</li> </ol>	-	,		î
V if adequate	3. Rate only on elements pertinent t	o the position.	-		
- if weak	a. Do not rate on elements in a istrative, supervisory, or	talics except f	or employeeş in admin-	planning	
+ if outstanding	b. Rate administrative, super elements in italics.	rvisory, and	planning functions on		À
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1 (9) Accuracy of ju	dgments or decisions.	(27)	Effectiveness in promo	•	rale.
	n presenting ideas or facts.	(28)	Effectiveness in deter	mining space, person	nnel,
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ments	ess on or completion of assign-		Effectiveness in setting ence to time limits and		****
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19) Dependability:	a. •	(B)			
+ (20) Physical fitness	s for the work.	(Ç),			
,					<u></u>
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Plus marks on at least	half of the underlined elements, a	nd no minus	Very good		
Check marks or better	on a majority of underlined elementers of the control of the contr	nts. and anv	Cood : Re	eviewing official	
Check marks or better o	n a majority of underlined element	s, and minus	.	***************************************	
	sated by plus markshalf of the underlined elements		Fair Unsatisfactory		
Rated by Edw &			<u> </u>	31-48	
Reviewed by	ignature of rating official)  Plewin	Assistant Di	investigation 7	-17-48 M	<u>ب</u>
(Sig	nature of reviewing official)	· ·	tle)	(Date)	
Rating approved by effic	(Data)	Report t	o employee(Adjective rat	ing)	

U. S. GOVERNMENT PRINTING OFFICE 16-26177-3

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il- just

SAC, Hew York

October 11, 1948.

Director, FBI

Wr. Edwin R. Tully

#### PERSONAL ATTENTION

There is enclosed a field personnel file of Ur. Edwin R. Tully, Special Agent, which should be incorporated into the field personnel file presently maintained in your office.

Enclique o REGISTERED VAIL

JW:ph

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ELVER 11 1948 PM

ELVER 11 1948 PM

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#### United States Department of Justice Rederal.Bureau of Investigation

IN REPLY, PLEASE REFER TO

FILE No. Director Federal Bureau of Investigation United States Department of Justice Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the widow or designated beneficiary of any Special Agent of the Federal Bureau of Investigation, United States Department of Justice, who had contributed to this fund prior to November 30, 1948, and who dies from any cause except selfdestruction while employed as a Special Agent, I am forwarding herewith (by CHECK = MONEY ORDER) the sum of ten dollars (\$10.00), made payable to the Chief Clerk of said Bureau, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund, which I understand is to be administered in the following manner:

The Director of the Bureau will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director of the Bureau in pertinent matters. The Chief Clerk of said Bureau shall receive all contributions and account for same to the Director.

Upon the death of any Special Agent, the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Chief Clerk, directing him to pay to the designated beneficiary the sum of \$10,000.

The following person is hereby designated as my beneficiary for F. B. I. Agents! Insurance Fund:

	Name Mildred M. Tully	Address 361 Clinton Ave., Bklyn, NY	
	Relationship Wife	Dated 11-23-48	
	The following person is hereb providing \$1500-death benefit to benefi	by designated as my beneficiary under the Chas. S. Ross Fund iciary of agents killed in line of duty.	$f\mathcal{B}$
	Name Mildred M. Tully	Address 361 Clinton Ave. Bklvm (15)	
/	Relationship Wife	Dated 11-23-48	
See a	ttached form typed by Agent.	Very truly yours,	
	Allset 3	EDVIN R. TULLY	

Special Agent

The following person is hereby designated as my beneficiary for F.B.I. AGents: Insurance Fund:

Name M. L. R. E. M. TULLY Address 361 CLINTON AVE. BHLYN INY.

Relationship Wife Dated 11-23-48

The following person is hereby designated as my beneficiary under the Chas S. Ross. Fund providing \$1500-death benefit to beneficiary of agents killed in line of duty.

Name M. L. Dated M. Tully Address 361 Clinton Ora. Bhlyw N.Y.

Relationship Wife Dated 11-23-48

Very truly yours,

Edwin R. Tully Special Agent

Name Edwin R. Tully
Office of Assignment New York

The above blanks should be filled in at the time you submit your contribution with this letter. When your contribution has been received by the Bureau, this bottom portion will be returned to you and when stamped with the Director's signature will acknowledge receipt of your contribution of \$10.00 to the Agents! Insurance Fund.

Sincerely yours,

John Edgar Högver 1948 Director



OFFICE MEMORANDUM

UNITED STATES GOVERNMENT

OT.

: D. M. Ladd

DATE: February 23, 1949

FROM

14 Jah 6200 - 652

:: H. B. Fletcher

SUBJECT: SUPERVISION OF ESPIONAGE INVESTIGATIONS

On February 21, 1949, Mr. Belmont of the New York office requested that the Bureau approve the following named Special Agents for Espionage investigations:

> James Patrick Lee William F. Norton, Jr. Robert Mathias Kane James Timothy O'Brien Edwin R. Tully . ... Pierre H. Levec Walter A. Wangenheim Rex Irwin Shroder Thomas Harold Zoeller Delford L. Cottrill, Jr. Robert F. Royal

As a result of a review of the presonnel files of the above named agents the following comments are made:

Special Agents James Patrick Lees William F. Norton, Jr., Robert Mathias Kane, James Timithy O'Brien and Edwin R. Tully appear to be qualified. It should be noted however, that Kane is not in his office of preference. It should also be noted that O'Brien lost his commission card on May 17, 1948 and to date it has not been found. No unusual circumstances were involved and he received aletter of censure on May 25, 1948. Ithshould be further noted that Tully was censured on July 12, 1943 and suspended for three days without pay for losing his wallet which contained Bureau property. Since that time he has not been careless, according to information reflected in his personnel file.

Pierre H. LeVec may be qualified for Espionage investigations but he only entered on duty on Janery 20, 1947. He is actually in his second office although he was assigned to the Washington Field Office and during that period acted as a Bureau supervisor. He was in the Army from April, 1942 until January, 1946 when he was discharged as a Staff Sergeant. He has also received one letter of commendation from a United States Attorney for assisting at a trial.

Walter A. Wangenheim entered on duty January 6, 1947. He is now in his third office and New York is one of his offices of preference. He has only testified once before a Grand Jury but has been given a rating of very good in moot court testimony. He was in the Army from July, 1948 to December, 1948 and was discharged as a Sergeant.

cc - New York Office personnel file

11 APR 4 1949

JJM: dhb



Rex Irwin Shroder entered on duty on October 13, 1947. He is only in his second office although he was assigned to the Washington Field Office in 1948 and acted as a supervisor in the Records Section of the Bureau. He has testified before United States Commissioner in most court. He was in the marine Corps from June, 1942 to June, 1946, and was discharged as a First Lieutenant. He is not in his office of preference.

Thomas Harold Zoeller entered on duty on February 3, 1947. He is in his second office and his office of preference is Butte. He has only testified in most court. He was in the Army from July, 1943 to early 1946 and was discharged as a Staff Sergeant.

Delford L. Cottrill, Jr. entered on duty June 9, 1947. He isin his second office and is not in his office of preference. He testified in moot court only. He was in the Army from September, 1942, to July, 1946, and was discharged as a Captain.

Robert F. Royal enteredd on duty August 4, 1947. He is in his second office. New York is one of his offices of preference. He has only testified in most court and on August 6, 1948, the Bureau instructed the New York Office to arrange his assignments so he might have an opportunity to testify in Federal Dourt. He was in the United States Coast Gurad from August, 1942, until september, 1945, when he was discharged as a Specialist First Class.

When Mr. Belmont furnished the foregoing names for approval he advised that he believed they were all qualified either by virtue of experience or because they had reflected promise, enthusiasm, imagination and initiative. He stated that Special Agents Zoeller; Shroder, Royal and Cottrill were all second office Agents but they had been selected after their supervisors had recommended them as being the Agents probably best qualified known to them to engage in espionage investigations.

#### RECOMMENDATION:

IT IS REcommended that the 11 Agent's named above be approved for espionage investigations in the New York office.

Standard Form No. 51 August 1946 ANNUAL ANNUAL ANNUAL Form approved. Budget Bureau No. 50-R012.3.
DEDODT OF MADMINISTRATIVE-UNOFFICIAL ( )
and the second s
EFFICIENCY RATING REGULAR (A) SPECIAL ( )
As of MARCH 31 1949 based on performance during period from APRIL 1, 1948 to MARCH 31, 1949
EDWIN R. TULLY 716 480 SPECIAL AGENT, CAF-12 (Name of employee) (Title of position, service, and grade)
FEDERAL BUREAU OF INVESTIGATION, NEW YORK DIVISION
(Organization—Indicate bureau, division, section, unit, field station)
ON LINES BELOW 1. Study the instructions in the Rating Official's Guide, C. S. C. Form CHECK ONE:  No. 3823A.
2. Underline the elements which are especially important in the position. Administrative,
a. Do not rate on elements in <i>italics</i> except for employees in admin-
4. if outstanding b. Rate administrative, supervisory, and planning functions on
elements in italies. All others.
(1) Maintenance of equipment, tools, instruments (21) Effectiveness in planning broad programs.
(2) Mechanical skill. (22) Effectiveness in adapting the work program to
(3) Skill in the application of techniques and procedures.
(7) Accuracy of operations.  (8) Accuracy of final results.  (26) Effectiveness in instructing, training, and developing subordinates in the work.
(10) Effectiveness in presenting ideas or facts. (28) Effectiveness in determining space, personnel, and equipment needs.
(11) Industry.  (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.
ments.
based on production records? (Yes or no) (31) Effectiveness in delegating clearly defined
(14) Ability to organize his work.  (15) Effectiveness in meeting and dealing with
Canability for additional
(16) Cooperativeness.  (A) responsibility.
(16) Cooperativeness.  (A) responsibility.  (A) responsibility.  (A) responsibility.
(19) Dependability.
± (20) Physical fitness for the work.
STANDARD FILED Adjective Rating
Deviations must be explained on reverse state of this form
Plus marks on all underlined elements, and check marks on better populator Excellent ATIO
Check marks or better on all elements rated, and plus marks on at least Very Good
Check marks or better on a majority of underlined elements, and all weak
Check marks or better on a majority of underlined elements, and all weak
performance not overcompensated by outstanding performance
SPECIAL AGENT IN CHARGE MARCH 31, 1949
RAUCH DY CAUTATION (Signature of rating official) (Date)
Reviewed by (Signature of reviewing official) (Title) (Date)
Rating approved by efficiency rating committee Report to employee
U. S. GOVERNMENT PRINTING OFFICE 16-26177-6

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#### EDWIN R. TULLY, SPECIAL AGENT, CAF-12 ANNUAL EFFICIENCY REPORT, MARCH 31, 1949

Special Agent Edwin R. Tully entered on duty with the Bureau as a Special Agent on January 4, 1943 and arrived in the New York Division on November 14, 1946. He is presently in grade CAF-12.

This agent is tall with a slender build. He dresses exceptionally neat and has a friendly personality: He is very well liked by his fellow employees.

This agent has shown an outstanding amount of initiative, resourcefulness, force and aggressiveness in the handling of his work. Considering the length of time this agent has been in the Bureau I think that he has made outstanding progress. His attitude has been excellent.

He is the type of agent who can be assigned a case and it will be known that it will be handled in an appropriate manner. He handles all of his work in a very thorough and intelligent way. He is a very dependable and hard worker. This agent is rated as an excellent dictator.

His firearms record reflects that he has a very good knowledge of Bureau weapons and his scores are rated as very good. He is capable of handling dangerous assignments. He has worked on many physical surveillances and handled himself in an excellent manner.

His report writing is excellent and requires no supervision. He is excellent at organizing and initiating investigations, accepts responsibility and discharges such without supervision. His production is very high. He is physically fit to handle any type of assignment given to him.

During the pertinent period this agent handled Internal Security-C, Security Matter-C, and Loyalty Investigations. This agent has not had an opportunity to demonstrate supervisory ability. He is available for general and special assignment.

I believe this agent is entitled to the rating of EXCELLENT in his present grade.

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U. S. DEPARTMENT OF JUSTICE.

Uhenked by . m Filed by: FEDERAL BUREAU OF INVESTIGATION MR. FINIS R. PULL D WASHINGTON 25, D. C. May 17, 1940 Persennel Action Number
F. B. I. - 32346 32346 PERIODIC PAY INCREASE May 200 29, 1946 Effective Position Special Agent 46474.60 CAP 18 96235.80 Grade Salary Division and Section Headquarters S & E, F.B.I. S & E, F.B.I. Apprepriations Field Dept. NATURE OF POSITION b. ADDITIONAL IDENTICAL c. NEW P. C. NO. P. C. NO. P. C. NO. Date of Gath From. under the Auto. Prom. Bill, Poblic Law \$200 as amended 6/30/45. Marks Beallo. From CAF 11 \$4902 to CAF 12 \$9905.20 off. 11-16-47. Lost officionary rating - ELCZLLERY - Approved Rating Committee 5-6-45. REMARKS

Traperior both

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Prepared by Sulling Checked by Mc

Bay 17, 1049

Ur. Eduin A. Tully Federal Bureau of Investigation You York, Naw York

Dear Ur. Tully:

In connection with the Uniform Promotion Act, I can indeed pleased to uduled you that you have been recommended for promotion from \$6225.20 per annua to \$3474.50 per annua in Grade TAF 12, effective May 29, 1949.

Bincerely yours,

SMA Signal

John Edgar Hoover Piractor LUJ80 - 11/8

de: SAC, New York Ur. J. E. Edwards Loyenert

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#### Memorandum UNITED STATES GOVERNMENT

TO

Director, FBI

June 20, 1949 -DATE:

FROM

SAC, New York

SUBJECT:

EDWIN R. TULLY

Special Agent

This is to advise that a daughter. Agent and Mrs. Edwin A. Tully,

was born to Special

RRG:IM

JUN 22 1048 FEDERAL BUREAU OF INVESTIGATION

file 3/ wroath

June 28, 1949

()

Mr. Edwin R. Tully Federal Bureau of Investigation New York, New York

Dear Mr. Tullys.

I have just been informed of the arrival of your daughter, and I want to express my heartiest congratulations to Mrs. Tully and to you.

It is my sincere wish that the future will bring the ful-filment of all your hopes and plans for her.

Sincerely,

J. ELEN BOOTEF

cc-SAC, New York

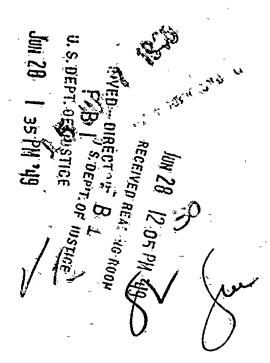
67-211900-119 djh

COMMUNICATIONS SECTION

MALLED 3"
JUN 28 1949 P.M.

LEL TRAL BUSSAU OF INVESTIBATION

D. S. EEPARTMENT OF JUSTICE



Mr. Tolson
Mr. Clegg
Mr. Cleyin
Mr. Ladd
Mr. Michols
Mr. Nichols
Mr. Rosen
Mr. Tracy
Mr. Egan
Mr. Gurnea
Mr. Gurnea
Mr. Harbo
Mr. Hon
Mr. Penmington
Mr. Penmington
Mr. Non
Mr. Noses
Mr. Noses
Mr. Noses
Misr Gendy

## RECORD OF STAL EXAMINATION OF OFFICER ON SPECIAL AGENTS FEDERAL BUREA OF INVESTIGATION, U. S. DEFART OF JUSTICE

NAME TULLY, EDWIN R. AGE 29 YEARS, 6 MONTHS
NATIVITY(state of birth) N.Y. MARRIED, SINGLE, WIDOWED: M. NUMBER OF CHILDREN
FAMILY HISTORY MOTHER DIED 1928 PNEUMONIA FATHER AND BROTHER LIVING AND WELL
HISTORY OF ILLNESS OR INJURY USUAL CHILDHOOD DISEASES APPENDECTOMY 1935
HEAD AND FACE NORMAL  EYES: PUPILS (size, shape, reaction to light and distance, etc.) NORMAL
DISTANT VISION RT. 20/ 20, corrected to 20/
LT. 20/ 20 , corrected to 20/
COLOR PERCEPTION NORMAL AOC COLOR CHART 1940
(state edition of Stilling's plates or Lamps used) DISEASE OR ANATOMICAL DEFECTS NONE
EARS: HEARING RT. WHISPERED VOICE 15 /15' CONVERSATIONAL SPEECH 15/
LT. WHISPERED VOICE 15 /15' CONVERSATIONAL SPEECH 15/
DISEASE OR DEFECTS NOTE:
NOSE NORMAL (Disease or anatomical defect, obstruction, etc. State degree)
SINUSES CLEAR
TONGUE, PALATE, PHARYNX, LARYNX, TONSILS TONSILS SURGICALLY ABSENT
TEETH AND GUMS(disease or anatomical defect): AS CHARTED
- MISSING TEETH 5-15.
NONVITAL TEETH NONE
PERIAPICAL DISEASE NONE  MARKED MALOCCLUSION NONE
PYORRHEA ALVEOLARIS NONE CHI
TEETH REPLACED BY BRIDGES NONE
DENTURES NONE CONTINUE CONTINU
O JULIA DO RORD RIW. MCKEE JR. LIT. DC USN
MONN BEOORDEW. MCKEE-JRLTDC, USN (Signature of Dental Offices)
GENERAL BUILD AND APPEARANCE MEDIUM
TEMPERATURE NORMAL CHEST AT EXPIRATION 37 FIFE
HEIGHT 71 CHEST AT INSPIRATION 39 A IIIN 201949
WEIGHT 150 CIRCUMFERENCE OF ABDOMEN AT UMBILIOUS OF ABOUT ATTOR
RECENT GAIN OR LOSS, AMOUNT AND CAUSE NONE NORMAL
NECK (abnormalities, thyroid gland, trachea, larynx) NORMAL
SPINE AND EXTREMITIES (bones, joints, muscles, feet). NORMAL
(A, V)
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_ CONDITION OF	F VEINS	NORMAI	HEMORE	HOIDS	NONE
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6-2-40 PRT	_				
6-3-49. CR.T	-				



# Octed States Department of **DO**Hederal Bureau of Investigation Mashington, D. C.



Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.
Dear Sir:

VIII Animal Eurepa of Investigation
U. S. Department of Justice
U. S. Department of Justice

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY\_ORDER) the sum of \$10, payable to the Chief Clerk of the FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Chief Clerk of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Chief Clerk, directing him to pay to the designated beneficiary the sum of \$10,000. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name MILDRED M. TULLY Relationship wife Date 3-31-50
Address 361 CLINTON AVE BROOKLYN N.Y.
The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in line of duty.  Name 1, LDRED M. (ULL) Relationship WhE. Date 3-31-50  Address 361 CLINTON AUE BROOKLING APPLIANCE.
APR 1 7 1950 Way Edwin R. Tully Special Agent

Nr. Edvin R. Tuliy Federal Bureau of Investigation U. S. Department of Justice

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EDWIN R. TULLY

SPECIAL AGENT

E.O.D.

1-4-43

CAF 12

\$6474.60

OFFICE OF PREFERENCE:

NEW YORK

AGENT'S EXAM

95 - 75

SAC SCHEIDT:

Special Agent Tully is clean-cut, mature in appearance, dresses conservatively and neatly and makes an excellent impression as a Bureau representative. He possesses initiative and resource-fulness; is conscientious, and a hard worker. He is capable of handling complicated investigations and carries out his assignments in an intelligent, mature fashion. Rating - EXCEDIENT

INSPECTOR GURNEA:

I concur with the SAC.

14 MAR 9 1950-

Inspection Report New York Office Inspector M. F. Gurnea October 20, 1949 Interviewed by: N. B. Wright







#### United States Department of Iustice Hederal Bureau of Investigation

IN REPLY, PLEASE REFER TO

FILE No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the widow or designated beneficiary of any Special Agent of the Federal Bureau of Investigation, United States Department of Justice, who had contributed to this fund prior to July 31, 1949, and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONTH ORDER) the sum of ten dollars (\$10.00), made payable to the Chief Clerk of said Bureau, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund, which I understand is to be administered in the following manner:

The Director of the Bureau will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director of the Bureau in pertinent matters. The Chief Clerk of said Bureau shall receive all contributions and account for same to the Director.

Upon the death of any Special Agent, the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Chief Clerk, directing him to pay to the designated beneficiary the sum of \$10,000.

The following person is hereby designated as my beneficiary for F. B. I. Agents' Insurance Fund: CLINTON Name INILDRED Address 361 7-14-49 Dated Relationship The following person is hereby designated as my beneficiary under the Chas. S. Ross Fund providing \$1500-death benefit to beneficiary of agents killed in line of duty. Address 36 LINTON Name Miking REI 🖎 Dated Relationship Very truly yours, Special Agent

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# REPORT OF

Form approved. Budget Burcau No. 50-R012.3.

oppicial:		
REGULAR (X) SPECIA	L (	
PROBATIONAL ( )		

EFFICIENCY	RATING PROBATIONAL ()
As of March 31, 1950 based on performance	during period from April 1, 1949 to March 31,1950
EDWIN R. TULLY	SPECIAL AGENT - GRADE GS-12
(Name of employee)	(Title of position, service, and grade)
FEDERAL BUREAU OF INVESTIGATION (Organization—Indicate bureau,	NEW YORK DIVISION-SALARY \$6,600.00 PER ANNUM division, section, unit, field station)
MARK EMPLOYEE   No. 3823A.	ating Official's Guide, C. S. C. Form CHECK ONE:
2. Underline the elements which ar 3. Rate only on elements pertinent	to the position.  Administrative,  supervisory, or
istrative, supervisory, or	planning positions. planning
b. Rate administrative, supe :elements in italics.	rvisory, and planning functions on All others
(1) Maintenance of equipment, tools, instruments.	(21) Effectiveness in planning broad programs.
← (2) Mechanical skill.      ← (3) Skill in the application of techniques and pro-	(22) Effectiveness in adapting the work program to broader or related programs.
cedures.	(23) Effectiveness in devising procedures.
(4) Presentability of work (appropriateness of arrangement and appearance of work).	—— (24) Effectiveness in laying out work and establish- ing standards of performance for subordi- nates.
(5) Attention to broad phases of assignments.  (6) Attention to pertinent detail.	(25) Effectiveness in directing, reviewing, and checking the work of subordinates.
(7) Accuracy of operations.  (8) Accuracy of final results.	(26) Effectiveness in instructing, training, and developing subordinates in the work.
(9) Accuracy of judgments or decisions.	(27) Effectiveness in promoting high working morale.
£ (10) Effectiveness in presenting ideas or facts.	(28) Effectiveness in determining space, personnel.
1. (11) Industry. 1. (12) Rate of progress on or completion of assignments.	and equipment needs.  (29) Effectiveness in setting and obtaining adhergence to time limits and deadlines.
1. (13) Amount of acceptable work produced. (Is mark based on production records? (Yes or no)	(30) Ability to make decisions. (31) Effectiveness in delegating clearly defined
7. (14) Ability to organize his work.	authority to act.
(15) Effectiveness in meeting and dealing with others.	STATE ANY OTHER ELEMENTS CONSIDERED
1 (16) Cooperativeness.	+ (A) Capability for additional
1 (17) Initiative.	responsibility Jy
(18) Resourcefulness. (19) Dependability.	(B)
£(20) Physical fitness for the work.	(c) 4 APR 14 1930
The state of the s	A STANDARD CONTRACTOR ASSESSMENT
STANDARD Deviations must be explained on reverse side of t	his form Rating
lus marks on all underlined elements, and check marks or	better on all Rating EXCELLENT
other elements rated	Excellent 7
half of the underlined elements.  Theck marks or better on a majority of underlined elements.	and all weak Reviewing
performance overcompensated by outstanding performance.	Good official.
Theck marks or better on a majority of underlined elements, performance not overcompensated by outstanding performandinus marks on at least half of the underlined elements.	and all weak ice Fair Unsatisfactory
Rated by Course Settles (Signature of rating official).	SAC March 31, 1950 (Date)
Reviewed by (Signature of reviewing official)	(Title) (Date)
tating approved by efficiency rating committee	Report to employee 4-26-50
U. S. GOVERNMENT PRINTING OFFICE 10-20177-5	(Adjective rating),

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EDWIN R. TULLY SPECIAL AGENT ANNUAL EFFICIENCY REPORT

Special Agent Edwin R. Tully entered on duty with the Bureau on January 4, 1943, and arrived at the New York Office on November 14, 1946. He is currently in Grade GS7\$5,600.00, per annum.

This agent is tall, well built, dresses neatly and conservatively and makes a fine impression on law enforcement officers and the general public. He possesses an outstanding amount of initiative and resourcefulness; is aggressive and conscientious and is able to initiate investigations. He carries out his assignments without supervision.

The dictation ability of this agent is rated as excellent. His reports and paper work are well organized and require minimum supervision. He possesses imagination and enthusiasm and his volume of work is above average. His firearms ability is rated very good and he is capable of handling dangerous assignments. He is physically qualified to handle any Bureau assignment and is available for special and general assignments.

This agent has had considerable experience on physical surveillances and his ability to handle these assignments is above average. He has had previous experience in testifying before the Federal Grand Jury, the U.S. Commissioners and the Federal District Court. He has not been called upon to testify during the rating period but from my observation of this agent it is believed he would make a creditable Bureau representative on the witness stand.

In connection with the self-inspection during the rating period the case of RICHARD E.LAUTERBACH, Wa, ESPIONAGE-R was written up calling attention to various investigative techniques that had not as yet been utilized by this agent. It should be pointed out that at the time this case was assigned to Agent Tully he was handling work in connection with the COPLON-GUBITCHEV cases which were considered of prime importance.

Agent Tully is presently assigned to the Internal Security-R and Espionage-R section of this office where he is handling some of the important phases of the SOVME investigation. He is thoroughly conversant with the operation of Soviet Intelligence and is excellent in organizing and initiating his investigations. He is thorough and competent in the manner in which he handles complex and detailed investigations and is intelligent and imaginative in the carrying out of his assignments. His volume of work is above average and he is capable of handling the more complex type of Bureau investigation.

This agent possesses supervisory and administrative ability and is a loyal, conscientious, hard-working Bureau employee and is rated EXCELLENT in Grade GS-12.

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UR. TOLS JN

May 22, 1950

L. B. NICHOLS

C. A. SIKPHANN
Chairman
Department of Communications
School of Education
New York University
New York, New York

Reference is made to the attached letter of May 17, 1950, from C. A. Siepmann in which he is critical of an interview conducted with him by Special Agent Edwin R. Tully of the New York Office in connection with the Lattimore Case. Specifically he stated he criticized the fact that the Agent made no notes during the interview and stated:

- (1) "Am I to conclude from the fact that no notes were taken that corroborative evidence testifying to the loyalty of a person under investigation is of no interest to the FBI and that it seeks only damaging evidence?"
- (2) "If, on the other hand, evidence substantiating a person's loyalty is of material interest and value to you, is it not important that such testimony be accurately reported?"

He concluded by stating:

"My own conclusion at the end of this interview was that hereafter if evidence is sought from me, I shall arrange, for my secretary to make a shorthand record of the interview in the interests of justice and of the good name of the Federal Bureau of Investigation."

#### BACKGROUND INFORMATION RE SIEPMANN:

The records of the Office of War Information reflect that Charles Arthur Siepmann was born March 10, 1899, at Bristol, England, and became a naturalized United States citizen on December 8, 1942, at Alexandria, Virginia, (Certificate Number 5432692). His father, Otto Siepmann, was a native of Germany and a naturalized British citizen. His mother, Grace Florence Bakes, (deceased), was a British citizen. In 1942, he listed his brothers as Harry Arthur Siepmann, London, England, and Eric Otto Siepmann, on active service with the British Armed Forces. His sisters were listed as Edith Bankes-Jones, Bagshot, England, and Doris Mary Waterfield, Goildford, England. Siepmann

FCH:mb

Tele. Room

Candy

185-166

Memo to Mr. Tolson from Mr. Nichols Re: C. A. Stepmann

May 22, 1950

attended Oxford University from 1919 through 1922. From 1922 to 1924, he was employed as a Clerk by Brown, Shipley and Company, London, England. From 1924 to 1927, he was employed by his Majesty's Prison Commission, London, as a House Master and Education Officer under Civil Service. From 1927 to 1939, he was Director of Program Planning for the British Broadcasting Corporation, London, England. From December, 1939, to March, 1942, he was employed as an Adviser to the President of Harvard University, Cambridge, Massachusetts. From March, 1942, to November, 1942, he was employed by the Library of Congress, Washington, D. C., as a Consultant detailed for duty to the Radio Bureau of the Office of Facts and Figures and Office of War Information. On December 19, 1942, he was appointed Deputy to the Assistant Director of the Office of War Information, Washington, D. C. On May 3, 1943, he was appointed Assistant Director (Special Assistant to the Director) of the Office of War Information, Pacific Bureau, Overseas Branch, Planning Board Division, San Francisco, California. On November 1, 1944, he was appointed Chief, Policy Control, Office of War Information, Office of the Director, Overseas Branch, Pacific Operations Bureau.

On December 16, 1944, his title was changed to Assistant Director for Policy. On June 15, 1945, he resigned from the Office of War Information for personal reasons. A memorandum in his file shows that he was employed by the United Nations Relief and Rehabilitation Administration (UNRRA) on December 6, 1945. Siepmann indicated that he is married but did not furnish his wife's name. Siepmann stated that he had written articles on radio and education in the "Journal of Social and Philosophic Studies," the "Journal of Educational Sociology," and "Radio Research - 1942." He also stated that reviews by him have appeared in "New Republic," "Public Opinion Quarterly," and the "Harvard Journal of Education."

Stepmann resided at Seminary Hill, Alexandria, Virginia, and while in San Francisco, California, resided at 2676 Vallejo Street, San Francisco.

According to information furnished by Confidential Informant Washington T-1, of known reliability, Siepmann is a British immigrant, a former teacher at Harvard University, and whose first Government employment was in the Office of Facts and Figures under the direction of Archibald MacLeish. After the dissolution of this agency, he was affiliated with similar ones, including the Office of War Information and the Federal Communications Commission. Siepmann is publicly

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Memo to Mr. Tolson from Mr. Nichols Re: C. A. Siepmann May 22, 1950

described as the founder of the British Broadcasting System and in January, 1946, was said to be preparing a report for the Federal Communications Commission analyzing the American radio system. The report was to urge public ownership of broadcasting facilities and planned programs without sponsors, and being similar to the British system, would call for nationalization of all radio property. According to the informant, Owen Lattimore permitted Siepmann freely to use confidential information obtained while in the employ of the Federal Communications Commission in the preparation of a book being prepared by Siepmann in 1946 entitled "Radio's Second Chance."

According to the informant, the book was to be released simultaneously with the publication of the Federal Communications Commission report and was to be in the nature of a commentary on the Federal Communications Commission report, urging adoption of the plans formulated by the FCC. While in the FCC, Siepmann worked under the direction of Clifford Durr, a former Commissioner with FCC. Durr is a prominent figure in the National Lawyers Guild and has previously been identified in this case.

Inquiry at the Federal Communications Commission reflected that Siepmann is presently employed as a Professor at New York University, New York City. The 1949 Manhattan Telephone Directory reflects a Charles A. Siepmann at 404 Riverside Drive, Apartment 4-C, New York City, Riverside 9-2385.

In 1942, Confidential Informant T-2, of known reliability, advised that Siepmann was well acquainted with Russian Ambassador and Mrs. Maxim Litvinov.

#### FACTS:

May 19, 1950, that he was personally acquainted with the background of C. A. Siepmann and was also cognizant of the interview conducted with this individual by Agent Tully of the New York Office. He stated that Special Agent Tully has handled the investigation of the Lattimore Case in the New York Office since its inception and was thoroughly familiar with all facts negarding the case as well as the names of individuals mentioned in the investigation. Ur. Whelan also advised that before this interview was conducted Special Agent Tully was in possession of full facts regarding the background of this individual and for that reason conducted the interview in a most circumspect manner. Ur. Whelan further stated that Special Agent

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Memo, to Mr. Tolson from Mr. Nichols Re: C. A. Siepmann May 22, 1950

Tully is an outstanding Agent and because of his knowledge of this case, it is not necessary for him to take copious notes during an interview of this nature but he did know that immediately after the interview Agent Tully had made sufficient notes and dictated a report-two days following the interview. Hr. Whelan was requested to discuss this matter with Special Agent Tully and submit complete facts to the Bureau.

On May 20, 1950, a teletype was received from the New York Office advising that Special Agent Tully had been questioned concerning his interview with Stepmann and Agent Jully advised that at the outset of the interview Siepmann asked if the information he was able to furnish would be supplied to the person in question, namely Owen Lattimore. He was advised that it would not be furnished to Owen Lattimore but would be incorporated in the files of the FBI. Special Agent Tully told Siepmann that he could write Lattimore about the interview if he felt Lattimore should know it. Siepmann then asked Agent Tully if anything he said was quoted in evidence before Lattimore if his name would be set forth or if his name would remain anonymous. advised that unless a person specifically requested that his name remain confidential, the person's name would be set out in an FBI report as the source of the information. Siepmann then indicated he was satisfied but pointed out that he disliked the use of confidential informants. Special Agent Tully made no comment to this remark. Siepmann was then asked some pertinent questions concerning Owen Lattimore and he answered, in essence, that he considered the charges against Lattimore as "fantastic." Stepmann mentioned during the course of the interview, specifically, the name of Mr. Buss who succeeded Owen Lattimore as head of OWI in San Francisco and Philip Lilienthal, who was responsible for hiring personnel in the Chinese section of the ONI in San Francisco. Both of these names were entirely familiar to Special Agent Tully as a result of his activities in the investigation of the Lattimore Case and at the time these names were mentioned during the course of the interview, Special Agent Tully was well aware of the fact that both of these men had been interviewed concerning Owen Lattimore. Concerning the incident to which Siepmann refers as substantiating Lattimore's loyalty, as disclosed in Stepmann's letter, these are duly and accurately reported in the report of Special Agent Tully at New York dated May 17, 1950. The New York Office advised that this report further accurately reports all the information furnished by Siepmann. Special Agent Tully advised that at no time during the interview which lasted less than fifteen minutes was there any necessity for making notes and immediately following the interview,

Memo to Ur. Tolson from Ur. Michols Re: C. A. Siepmann May 22, 1950

as is his custom, Special Agent Tully made notes outside the presence of Ur. Siepmann. The New York Office advises that these notes made by Special Agent Tully fully covered the interview with Siepmann and accurately reported what he had to say following the interview. The New York Office has also advised that Special Agent Tully informs that after the preliminary remarks referred to by Siepmann during the course of the interview he appeared to be cordial and cooperative and offered no comments to Agent Tully which would indicate that he was in any way displeased with the interview.

In the report of Special Agent Edwin R. Tully dated May 17, 1950, at New York in the Owen Lattimore Case, the following appears under details:

"Charles A. Siepmann, Professor, New York University, Press Annex Building, 26 Washington Place, New York City, was interviewed by SA Edwin R. Tully on May 15, 1950. Mr. Siepmann advised that he became an Assistant Director of the Office of War Information (OWI) in San Francisco, California, in 1943 and remained with the OWI until 1945. He stated that during this time Owen Lattimore was the Director of the OWI Office in San Francisco.

"Mr. Siepmann declared that he was closely associated with Lattimore during that particular period. He stated that he considers the allegations made against Lattimore as 'fantastic.' He said that during his association with Lattimore he never had the slightest reason to question Lattimore's Loyalty to the United States. Mr. Siepmann declared that he could recall no instance that would indicate to him that the San Francisco Office of the OMI was pro-Communist or that the propaganda polices of OMI concerning China were pro-Communist or anti-Nationalist.

either from conversations with Lattimore or during ONI staff conferences that Lattimore was pro-Communist. He pointed out that if the charges made against Lattimore were true then Lattimore would have seen to it that the ONI policy in the San Francisco Office was interpreted to view the Chinese Communists favorably. However, Mr. Siepmann stated Lattimore not only did not attempt to interpret ONI policy in favor of the Chinese Communists but frequently took no action whatsoever in interpreting the ONI policy and allowed Mr. Siepmann, who was his assistant, to handle such interpretations. Mr. Siepmann pointed out that the policy itself as to propaganda dissemination was formulated in Mashington, D. C., and the San

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Memo to Mr. Tolson from Mr. Nichols Re: C. A. Stepmann May 22, 1950

Francisco Office merely interpreted the policy as they received it from Washington, D. C. Mr. Siepmann recalled that during the weekly staff conferences held in the San Francisco Office of the OWI there was a great divergence of opinion on many issues and Lattimore always encouraged members of the OWI to state their own opinions.

"In conclusion, Mr. Siepmann advised that he has read most of the writings of Owen Lattimore and he declared that he could find no pro-Communist or pro-Soviet sentiments in any of Lattimore's writings."

#### OBSERVATIONS:

It is apparent that Siepmann, considering his background and associates, is trying to pick a fight and his allegations are not borne out by any stretch of the facts in this case. It appears that Special Agent Tully was proper in his handling of this interview and subsequent reporting of the information. It is not believed that Siepmann has any ground for complaint or criticism.

#### RECOMMENDATION:

It is recommended that the attached letter go to Siepmann.

DECLASSIBICATION AUTHORITY DESCRIPTION:
PET AUTHORITATION GUIDE
DATE 12-21-2012

Copy-RRR

NEW YORK UNIVERSITY
SCHOOL OF EDUCATION
Washington Square, New York 3, N. Y.

EDWIN A. TULLY

ABEIGNED - New York

EOn - 68 olerk - 8-21-41

- as agent - 1-4-43

GRADE - GS-12

SALARY - \$6600.00

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Federal Bureau of Investigation

Washington, D. C.

Dear Mr. Hoover:

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I am sure that as a servant of the public you will not resent a communication from one of its members, particularly as I have nothing other than of a constructive nature to communicate.

You are, I am sure, aware that a good many members of the public have been disturbed with reference to the activities of the FB' in their gathering of information about private citizens. Mr. Bernard de Voto, for instance, voiced in Harper's Magazine a serious concern as to the reliability of the information gathered by your agents. This whole matter came my way for the first time when a member of your staff, a Mr. Tully, asked to interview me on Monday last with reference to an acquaintance of mine. I told him that I was willing to answer his questions to the best of my ability, given the assurance that anything I said which was quoted interflence before the person concerned should be cited as having been communicated by me. I was, in other words, loath and indeed unwilling to be an anonymous informant.

Our conversation lasted about a quarter of an hour and I volunteered some opinions and a good deal of illustrative information. What disturbed me about the interview was that your agent made no note of the conversation thoughout the interview. This was disturbing to me on two counts. I had nothing to say about the person concerned which was not corroborative evidence of his loyalty to this country. Am I to conclude from the fact that no notes were taken that corroborative evidence testifying to the loyalty of a person under investigation is of no interest to the EBI and that its seeks only damaging evidence? If, on the other hand, evidence substantiating a person's loyalty is of material interest and value to you, is is not important that such testimony be accurately reported? During our interview I mentioned the names of persons, incidents and other matters with respect to which accuracy was of the first importance.

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LITAT M.I OF COMMUNICATIONS

May 17, 1950

Mr. Hoover-continued

2 5/17/50

The suggestion I have to make is that in the interests of all concerned a record of the information gathered be submitted for confirmation to the person interviewed. Only so, as I see it, can we, as citizens, be assured that the material gathered by your agents, whether damaging or corroborative of the loyalty of any person, is accurately reported to you. My own conclusion at the end of this enterview was that hereafter if evidence is sought from me, I shall arrange for my secretary to make a shorthand record of the interview in the interests of justice and of the good name of the Federal Bureau of Investigation.

Very truly yours,

/s/ C. A. Siermann
Cas/bf

C. A. Siermann
Chairman

	FEDERAL BUREAU OF INVESTIGATI		Date 37 37 1 A		
0	Mr. Edwin R.	Tully		Personnel Action Number F. B. I 32546 323	16
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Edwin R. Tully

October 24, 1950

Director, FBI

CONFIDENTIAL

RE:

ALSR

ESPIONAGE - R Bufile 65-58419

Dear Sir:

Rebutel 10/19/50.

In connection with the meetings between ALSR and NIKOLAI NIKITIN on 10/7/50 and the coverage of ALSR on 10/8/50, the following observations are made.

The Bureau will observe from New York letter of 10/13/50, that the coverage of these meetings was detailed and of necessity required the utilization of a great number of personnel in order to obtain the desired successful results.

With regard to commendation concerning the handling of this matter, the following comments are made:

J. HAROLD GLASCOCK - the ALSR case is assigned to Agent Glascock who was responsible for setting up the coverage of the meetings and worked out the over-all plan and equipment to be utilized. He also arranged, together with SA Martin F. Carey, for the plants from which it was possible to operate the photographic equipment and likewise engage in physical surveillance of ALSR. It is felt the successful operation of this matter was materially affected by the intelligent, conscientious and thorough work of Agent Glascock.

MARTIN F. CAREY - Agent Carey assisted Agent Glascock in the over-all arrangements for coverage of these meetings. He engaged in the physical surveillance of NIKITIN nad he was one of the agents who initially observed and identified NIKITIN as being the individual who contacted ALSR. Agent Carey also assisted in setting up the original plans for the coverage of the meeting and his work was of a high caliber, showing imagination, good judgment and careful analysis of his assignment.

RAYMOND P. WIRTH - Agent Wirth prepared the charts which were utilized in connection with the laying out of the surveillance on 10/7/50. He also participated in the physical surveillance on 10/7/50 and surveyed the

RRG: IM 65-14976 Confidential Letter to Director NY 65-14976

area prior to the meeting in order to insure complete and detailed plans regarding the coverage of this meeting.

JOHN J. O'BRIEN - Agent O'Brien participated in the physical surveillance of the meeting place between ALSR and NIKITIN at the time of the initial contact. He was wearing a miniature transceiver and was the first one to advise of the identification of NIKITIN. Agent O'Brien utilized good judgment, tact and alertness in the manner in which he handled his assignment. He also participated in the later meeting on 10/7/50 and the coverage of ALSR on 10/8/50. It is believed Agent O'Brien is worthy of special commendation.

ANTHONY P. LITRENTO - Agent Litrento surveilled the immediate area on which the initial contact between ALSR and NIKITIN took place. He likewise identified NIKITIN and indicated intelligence and alertness in the manner in which he handled this assignment. He assisted in notifying other personnel not in radio communication of the identity of the contact through discreet use of a pre-arranged signal in order to avoid unnecessary surveillance; likewise participated in the later surveillances in this matter and handled his assignments in a manner worthy of special commendation.

PAUL J. BLASCO - Agent Blasco also covered the point of initial meeting between ALSR AND NIKITIN. His assigned place was so situated that he did not observe the initial contact; however, he had to operate in the immediate area in such a manner as to prevent any suspicions being aroused, especially since he was also equipped with a personal transceiver. Agent Blasco also participated in the physical surveillances covering the second meeting on 10/7/50 and the surveillance at 680 Park Avenue from the stationary plant on 10/8/50, at which time NIKITIN was observed leaving 680 Park Avenue at 1:58 P.M. Agent Blasco handled his assignment in outstanding fashion.

Agents CHARLES VAN DERVEER and DANIEL R. PATTON, both of whom are sound men, handled the setting up and installation of the technical radio equipment utilized in the two stationary plants on 10/7/50 for the 5:00 P.M. meeting. This encompassed the setting up of two-50 watt transceivers, as well as the testing and installation of the personal transceivers utilized by the agents at the scene and the testing of the automobile and radio equipment in the sedan delivery truck. These agents also set up the microphone surveillance at the Statler Hotel to cover ALSR. They exhibited a high degree of efficiency in the manner in which they handled their assignments.

Confidential Letter to Director NY 65-14976

It is believed the Bureau's attention should be particularly called to the work of the employees of the Photographic Laboratory assigned to New York who operated the photographic equipment at the scene of the initial meetings, as well as setting up composite photographs of the arrangements used in connection with the over-all plan of the surveillance and the other photographic work which was necessary in connection with this matter.

Photographer Lawrence A. Winsch took pictures of the meeting between ALSR and NIKITIN from a disguised package at the scene of the original contact.

Photographer Warren J. Gaynor obtained very good photographs of the contact from the back of the sedan delivery truck.

Photographers Donald Bucher and Frank Schweitzer operated the movie and still equipment from Plant A and Photographers Arthur J. Bourque and Kenneth Delanoy operated similar equipment from Plant B.

These men worked under extremely poor light conditions; however, the photographs obtained were considered excellent under the circumstances. During the planning of the surveillance these men exhibited enthusiasm and interest and were of great assistance in the selection of the type of equipment necessary for the successful coverage of the area and the work of all of these men is considered outstanding.

In connection with the coverage of the initial meeting at 5:00 P.M. on 10/7/50, it was necessary to use, as appropriate cover, female personnel assigned to the New York Office. These girls were utilized on the surveillance at the scene of the initial contact and it was necessary for them to utilize good judgment and intelligence in the manner in which they handled themselves in order to prevent disclosure of the fact that we were covering this area and to blend into the general over-all background at this particular time of day. Furthermore, it was necessary to utilize female personnel to cover the scheduled meeting on 10/8/50."

It is felt that all the girls utilized performed their assignments in a highly satisfactory fashion and intelligently followed instructions. They exercised good judgment and in general exhibited initiative above and beyond their regular assigned duties. It is felt that the work of all of these girls is worthy of special commendation: Rachel Fuery, Kathleen M. Gillen Irene Maloney, Maureen J. McManus, Geraldine Meyer, Helen M. Toomey and Genevieve A. Wozny.

Other than the agents who participated above the following are those agents who had various types of assignments on physical and microphone surveillances in connection with this case. It should be pointed out that all the employees who participated evidenced extreme enthusiasm,

Confidential Letter to Director NY 65-14976

good judgment and handled their assignments in a manner exemplifying the best traditions of the Bureau. The following are the other personnel:

Special Agent EDWIN R. TULLY JOSEPH C: WALSH JOHN D. WAGNER MARTIN J. McGUINN JOSEPH J. PALGUTA VARRO L. RITTER LESTER O. GALLAHER WILLIAM A. FLYNN THOMAS H. ZOELLER T. SCOTT MILLER MICHAEL J. McDONAGH FRANCIS W. ZANGLE JOHN W. LEWIS WALTER P. GAVIN STEPHEN A. McGARR EDGAR C. FORESTI ROBERT L. STEVENSON A. ROBERT SWANSON JOHN A. HANISCH ROBERT L. SCHWARTZ WILLIAM J. McCARTHY JOHN M. STOLZENTHALER All of the New York Office

JAMES O. NEWPHER
JOHN MORRIS
Of the Washington Field Office

Very truly yours,

/s/ EDWARD SCHEIDT, SAC

New York, N.Y. September 6, 1950

#### CONFIDENTIAL

Director, FBI

RE: PERSONNEL - ADVANCEMENT

Doar Sire

China R. Tubby

The Agents listed herein are believed qualified for advancement in the Bureau's service. This listing is furnished the Bureau in line with SAC letter #56, dated August 11, 1950:

#### THOMAS F. RING

SA Ring's record in the Bureau shows that he has always been considered an outstanding Agent. This has been established principally in the Philadelphia and New York offices. He has had experience in SIS and also at the Seat of Government. He makes an excellent personal appearance, always dresses neatly and in good taste. He has a thorough understanding of Bureau policy and the Bureau's responsibilities and certainly does have potential ability to advance in the service of the Bureau. He suffered a cardiac condition which in no way has hampered his performance of the duties assigned to him. SA Ring entered on duty with the Bureau on September 22, 1941, and holds the degrees of B.A. and II.B. from Fordham University. SA Ring is in grade GS-13. He is No. 1 Man to ASAC Stein.

#### ROBERT R. GRANVILLE

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SA Granville entered on duty with the Bureau on October 28, 1940. He holds an LL.B. degree and was born January 22,
1916. He is presently the Supervisor of the Russian and Polish espionage cases in the New York office and is the Number One Man to
ASAC Whelan. He has had supervisory experience since 1943 in the
New York office. SA Granville has shown marked ability as a Supervisor. He is extremely well grounded in the field of Russian espionage and is doing an excellent job in his present position. He
has testified in a very creditable manner. He is loyal, enthusiastic, painstaking and dependable. SA Granville is in grade GS-13.

#### THOMAS J. MCANDREWS

SA McAndrews entered on duty with the Bureau on April 7, 1941. He holds an A.B. degree and has had two and a half years of law. He was born November 29, 1916. He has had excellent experience in the Bureau as a Supervisor in the New Haven office, as a Supervisor at the Bureau, and as Night Supervisor and Relief Supervisor in New York. He is presently Supervisor of Section 1, the Major Case Section, of this office. SA McAndrews makes an excellent personal appearance, has shown an ability to supervise the work of other men, and at all times uses a high degree of imagination and ability. SA McAndrews is in grade GS-12.

#### JOSEPH WOHL

SA Wohl entered on duty with the Bureau on December 29, 1941. He holds the degrees of B.A. from Syracuse University and Doctor of Jurisprudence from New York University. A a new Agent, SA Wohl was interviewed by Mr. Clegg who at that time indicated his belief that Wohl would exercise good judgment andprove to be very resourceful, that he might possibly possess administrative ability and should develop quickly into an above average Agent. This analysis by Mr. Clegg has been borne out. SA Wohl has always shown himself to be a hard working, conscientious, resourceful investigator who has commanded the respect of his fellow Agents, his Supervisors, and the U. S. Attorney's office. He has a wide variety of experience in investigative and liaison work. Before coming into the Bureau he practiced law, and before that was an outstanding champion swimmer. SA Wohl has served as Night Supervisor and Supervisor of Section 8, the Liaison Section, to which also are attached the Resident Agents. Recently, he was designated as Supervisor of Section 5, which handles the major criminal investigations within the New York Field Division. He has demonstrated a high degree of ability in all of these jobs. Wohl has shown himself to be completely loyal to the Eureau. SA Wohl is in grade GS-13.

#### WALTER E. LEVVIS

SA Levvis entered on duty with the Eureau on March 3, 1941. He holds a B.A. degree and was born June 9, 1916. He makes a very fine personal appearance and is of medium stature. SA Levvis has had wide experience in the Bureau. He is presently the Supervisor of Section 12 of the New York office, which handles Security Matter C and Loyalty cases, with approximately 70 Agents under his supervision. The volume of work of this section runs at the present time over 2,000 cases. SA Levvis has shown himself to be an excellent investigator and report writer and has also shown marked ability as a Supervisor. He has had supervisory experience at the Seat of Government. He is entirely

loyal to the Bureau, highly intelligent and resourceful. SA Levvis, is in grade GS-12.

#### WARREN T. MARCHESSAULT

SA Marchessault entered on duty with the Bureau on August 26, 1940. He holds both Ph.B. and IL.B. degrees. He was born April 2, 1915. SA Marchessault is of medium stature, and makes a neat appearance. He has been a Supervisor in the New York office for several years and has shown ability to carry out Bureau instructions and to follow the work assigned to him and the Agents under him with force. He has a thorough understanding of Communicm, is the Supervisor of Section 7 in the New York office, and has given conscientious and intelligent direction to the Agents under him. He is thoroughly loyal and has shown administrative and supervisory ability. SA Marchessault is in grade US-13.

#### JOHN F. SULLIVAN

SA Sullivan entered on duty with the Bureau on December 4; 1939. He is 37 years of age, married, and a native New Yorker. Mr. Sullivan holds B.B.A., LL.B., and J.S.D. degrees from St. John's University, Brooklyn, N.Y. He is a member of the New York State bar. SA Sullivan is tall, well built and presents a fine personal appearance. has served in the Salt Lake City, Milwaukee, and New York offices. He has also had SIS experience in foreign service and served as a Supervisorat the Seat of Government in that section. SA Sullivan has had a variety of experience working some of the more important Bureau cases. Since April 18, 1950, he has been the Supervisor of Section 8, which handles public relations matters, research matters, Resident Agents, the Training Unit, and National Academy investigations. He has demonstrated his ability to handle mon effectively. He appears to have those qualities of leadership which are necessary to one being considered for further advancement in the Bureau's service. His most recent rating was Excellent in Grade GS-13.

#### OLIVER D. COLLIER

SAA Collier entered on duty with the Bureau as an Agent on May 1, 1939. He was born December 1, 1912. He was educated at Southeastern University, Washington, from which he received a B.C.S. degree. He has served in the Omaha and Cleveland offices prior to coming to New York on January 1, 1941. Since his assignment to this office, SA Collier has worked exclusively on the accounting section. His

superiors have indicated that SA Collier's work as an accountant has always been of a very high quality. He is painstaking and exacting. Since December 1917 SA Collier has been the Supervisor of the Accounting Section in this office. He has demonstrated that he commands the respect of those men under his supervision. He has a comprehensive knowledge of Bureau policy and methods. He is the type of man who accepts responsibility readily and he has demonstrated that he has the good judgment necessary to handle the responsibilities encumbent on one holding his position. It is felt that this man has the ability to advance in the Bureau's service. There is no question concerning his loyalty to the Bureau. SA Collier is in grade GS-13.

#### JOHN J. RAGAN

SA Ragan entered on duty with the Burcau on Soptember 23, 1940. He holds an LL.B. degree and was born Cotobor 6, 1913. SA Ragan makes a very good personal appearance. He has been the Supervisor of the technical installation in the New York office, having approximately 30 Agents and Special Employees under his supervision. He is thoroughly competent and experienced in all phases of technical work. His record as an Agent has always been above average. He is completely loyal and has always shown resourcefulness in the assignments given him. He has shown supervisory ability. SA Ragan is in grade 05-12.

#### HOWARD L. GILLESPIE

SA Gillespie entered on duty with the Eureau as a Epocial Agent on February 9, 1942. He is presently in GS-12. Since March 31, 1948, this Agent has received a rating of Excellent. It is believed that he possessed the necessary qualifications and attributes to be considered for advancement in the Bureau to the position of Special . Agent in Charge. He prosents an excellent personal appearance and is always neatly and conscriptively attired. He is mature and businesslike in his approach, and possesses a great deal of self-confidence. He has conderable initiative, resourcefulness, force, and aggressiveness. He is well regarded among all fellow employees. He exercises good judgment in connection with the handling of his work. As of May 5, 1949, SA Gillespie was designated as Assistant Supervisor of Section -2 of this office, which section handles Selective Service, Deserter, Impersonation, ITSMV, Stowaway, and other matters. On August 25, 1950, he was designated Supervisor of this section. It is believed that this Agent possesses the necessary qualifications and experience to be considered for further advancement in Eureau work.

#### JOHN D. O'CONNELL

Agent on May 11, 1942. He served in the Phoenix, Denver, and Philadelphia offices prior to coming to New York on November 25, 1946. Since his arrival in New York, SA O Connell has worked exclusively on the Internal Security C squad. Since September 29, 1948, he has been full time Assistant Supervisor on this Section. He makes a neat, clean cut appearance, the has an affable, gracious personality. He has displayed a comprehensive knowledge of the investigative problems arising out of Communist matters. SA O Connell has given every evidence of ability to use good judgment in the making of decisions which repeatedly arise amongst the numerous Agents assigned to his Section. He has demonstrated that he possesses the necessary qualifications for advancement in the Eureau's service. He is in grade GS-12.

#### GERALD A. MCCARVILLE

SA McCarville entered on duty with the Eureau on June 2, 1941. He was assigned to the New York office on January 25, 1946. SA McCarville is Relief Supervisor of Section 6, which handles Espionage R and Internal Security R cases. He has demonstrated his ability to handle and direct complicated investigations. He commands the respect of the men with whom he works on this section. SA McCarville is forceful, aggressive, and possesses sound, mature judgment. He is in grade GS-12.

#### ALBERT T. HEALY

SAA Healy entered on duty with the Bureau on December 16, 1940. He holds a B.S. degree and was born February 15, 1912. He has shown himself to be an extremely capable accountant. He makes an excellent appearance and has carried on his investigations with the barest minimum of supervision. He makes an excellent impression on all those with whom he comes in contact. He has been used as Night Supervisor and has shown himself to have supervisory ability. He had just been recommended and approved as Assistant Supervisor of Section 2 in this office, which handles Selective Service, Deserter, Impersonation, ITSMV, Stoward, and other matters. He has acted as counselor for two new agents classes. SA Healy is loyal, competent, resourceful and forceful. He is in grade GS-12.

#### CHARLES A. DONELAN

SA Donelan entered on duty with the Bureau as a Special Agent on June 2, 1941. He has been assigned to the New York office since December I4, 1941. During that time SA Donelan has had a variety of experience in the Eureau's investigative work. He has been assigned to the criminal investigative squad where he handled some of the more important investigations. During the past year Mr. Donelan has been Relief Supervisor on the Idaison Section where he has definitely demonstrated that he possesses administrative and supervisory ability. SA Donelan is a very convincing speaker and he has a fine command of language. He is an approved Eureau speaker, police instructor, and firearms instructor. This Agent has demonstrated that he possesses tact and poise in the handling of difficult and delicate assignments. SA Donelan is in grade GS-12.

#### BOWEN F. ROSE

SA Rose entered on duty with the Bureau as an Agent on September 22, 1941. His principal experience as an Agent of the New York office has been with the criminal squad, where he has done splendid work. In January through March 1950 he was Night Supervisor. Presently SA Rose is Assistant Supervisor of Section 5, the general criminal investigative section. SA Rose has done some very fine investigative work for which he has been commended by the Director on several occasions. He makes a very representative appearance and is a well poised Agent. He is physically fit, and I consider that he has definite possibilities for advancement in the Bureau's service. He is in grade GS-12.

#### WILLIAM A. HAUILTON

SAA Hamilton entered on duty with the Bureau on May h, 19h2, is hi years of age, and served in the Birmingham office prior to his assignment to New York. He has been in New York since December 27, 19h2. He is at the present time in grade GS-12. Prior to his employment by the Bureau he had two years of public accounting experience, as a consequence of which he has repeatedly handled the more involved accounting investigations. He is mature, alert, competent, conscientious, and I feel he may be relied upon to handle efficiently any type of assignment. He has served as Relief Supervisor for Section 9, the accounting section, since July 17, 1950, and in this capacity has repeatedly demonstrated excellent judgment.

#### ROY J. BARLOGA

SA Barloga entered on duty on October 2, 1939, and has been assigned to the Atlanta, Louisville, Denver, Miami and New York Division He has been assigned to the New York office since February 3, 1949. He is rated as Excellent in 65-13. SA Barloga has received training as an Inspector's Aids, is presently Relief Supervisor on Section 1, the Major Case Section; of this office, and is an approved Bureau speaker. He has been assigned to several major cases and recently received a letter of commendation for his work in the case entitled JAHAM which concerned the investigation and prosecution of Alger Hiss on charges of Perjury.

#### John J. McKenna

SA McKenna entered on duty as an Agent on February 2, 1942, having served as a Clerk at the Bureau for two years prior thereto. He is a fine looking, well built Agent, who always dresses neatly and meets people in an above average manner. He is an approved Bureau speaker. He has had well rounded experience in the Bureau and has shown himself to be an excellent investigator. Since January 1948 he has been assigned to the Liaison Section and has done an outstanding job in contacting all types of people. He is thorough, resourceful, and conscientious, a good "front" man, who is believed to have potential administrative ability and excellent possibilities for advancement in the Bureau's service. SA McKenna is in grade GS-12.

#### WILLIAM A. HALPIN

SAA Halpin entered on duty as an Accountant with the Eureau on July 25, 1938. He has had experience in practically every type of investigation within the Bureau's jurisdiction. He is 39 years of age and is in grade GS-13. He is mature, alert, and thoroughly capable of handling any type of assignment. He has repeatedly shown excellent common sense and good judgment. In 1940 he supervised security matters at the Bureau, following which he was transferred to the Washington Field office to direct the activities of other Agents in the investigation of foreign funds. Thereafter he served in an SIS capacity in Duenos Aires: Argentina and Quito, Ecuador, in the latter location serving as Legal Attache at the American Embassy and directing the activities of approximately fifteen fellow Agents. Subsequently he was placed on military leave and during the war served as a Lieutenant in the Naval Air Corps. He returned to the Bureau in January 1946 and has been assigned to this office since February 10, 1946. Since that time he has handled every type of accounting investigation, has repeatedly shown above average initiative and resourcefulness, and I feel he has clearly demonstrated his ability to supervise and direct the activities of other agents.

#### LEON A. FRANCISCO

SA Francisco entered on duty as a Special igent on February 3, 1941. He has had extensive experience in various field offices in the handling of both general investigative and national defense matters. He is one of the outstanding approved Bureau speakers assigned to this office and isan experienced police instructor. He has a mature appearance and makes an excellent impression upon law enforcement officers and business people. SA Francisco is presently one of the Assistant Supervisors on the Applicant Section and has demonstrated that he definitely possesses administrative ability. He has been approved by the Eureau in connection with the interviewing of clerical applicants. He is interested in his work and extremely loyal to the Bureau. He is in grade GS-12.

#### T. SCOTT MILLER

SA Miller entered on duty with the Bureau on October 14, 1940. He makes a fine impression as a Bureau representative, possesses sound, mature judgment and has exhibited above average initiative and resourcefulness, as well as force and aggressiveness. He is an outstanding investigator and possesses administrative ability as indicated by the manner in which he handled the investigation of a major espionage case involving JUDITH COPION and VALENTIN A. GUBITCHEV. SA Miller has handled some of the most important Russian espionage cases in this office and he together with SA R. E. Brennan, was successful in obtaining a confession from HARRY GOLD concerning his involvement in Soviet espionage. SA Miller is a conscientious, hard worker and loyal to the best interests of the Bureau. He is in grade GS-12.

#### CHRISTOPHER J. MORAN

SAA Moran entered on duty in the Bureau as a Clerk on December 1, 1938. He was a fingerprint classifier and instructor. He was appointed an Agent on August 4, 1941. He is 33 years of age and holds a B.S. in Commerce degree. He has served in the Louisville, Alberny, Syracuse, and Detroit offices. Since January 1950 SA Moran has been in charge of the Training Unit of the New York office. He has given definite indications of ability to organize and follow through on programs for the training of Bureau personnel. He is also qualified as a police and firearms instructor and he is an approved Bureau speaker. In addition to working as an accountant, SA Moran has had some experience in the New York office handling Communist Fund investigations prior to his designation as head of the Training Unit. He is in grade GS-12.

#### CHARLES R. MONTICONE

SA Monticone entered on duty with the Eureau on November 12, 1950. He has been assigned to the handling of Stowaway cases where his linguistic ability has proved of great value to the New York office. Prior to his assignment to this office he taught Spanish to Agents assigned to SIS work. SA Monticone makes an excellent personal appearance and he has an affable personality. He is an approved weekend supervisor, for this office, and is in grade GS-12. He is an approved Bureau speaker.

#### A. ROBERT SWANSON

SA Swanson entered on duty with the Eureau on August 26, 1940. He has been assigned to the supervision of the MOCASE, a major Russian espionage investigation and in the past has acted as Relief Supervisor on the Russian Espionage Section in this office. He makes a very favorable impression, is mature in appearance and in judgment. He exercises imagination, initiative and forcefulness in the manner in which he handles his assignments and is an energetic, hard worker. He is in grade GS-12.

#### LEO J. FITZSIMMONS

SA Fitzsimmons entered on duty as an Agent on February 16, 1942. He has served in Cleveland, Pittsburgh, and the New York Divisions. He is above average in height, is an immaculate dresser, and always presents an excellent personal appearance. He has a business-like but engaging personality and makes a very favorable impression. He has had well rounded experience in all phases of the Bureau's work. For the past year or more he has been engaged in duties of an administrative nature and at present is the first Assistant Supervisor on Section 12; which handles Security Matter C and Loyalty matters. He is extremely conscientious and his mature judgment and sound observations have been of considerable help to less experienced Agents in the handling of their cases. In June and July 1950, in the absence of the Supervisor, he was for a period of almost five weeks in charge of Section 12 and handled the assignment in a very able fashion. He is in grade GS-12.

#### JOHN C. STOKES

SA Stokes entered on duty with the Bureau on August 11, 1911. He has been assigned to the general criminal investigative squad of the New York office for several years. He has demonstrated the ability to organize and push his investigations efficiently and vigorously. SA Stokes has been commended by the Director for excellent work on several occasions during recent years. This man makes a good personal appearance. He has given every indication of possessing the necessary judgment, intelligence and personality to warrant his advancement in the Bureau's service. He is in grade GS-12.

#### PRESTON W. DISE

SAA Dise entered on duty as a Special Agent (A) on June 8, 1942. Prior to his assignment to the New York Division on February 24, 1945, he worked in the Houston and Charlotte Divisions. Since his assignment here, he has worked principally on the accounting squad. SA Dise has demonstrated that he possesses to a very high degree the ability to handle every type of accounting investigation. He is an approved firearms instructor and during his Bureau service in the Charlotte office he had some supervisory experience. He has demonstrated through the handling of his work in this office that he is one who has a high degree of potential for advancement in the Eureau's service. He is in grade US-

#### JOSEPH A. SULLIVAN

SA Sullivan entered on duty with the Bureau on April 28, 1941. For the past several years he has been assigned to the general criminal investigative squad of the New York office, and recently he has been in charge of the major hijacking squad. SA Sullivan makes an excellent appearance. He is a tall, well built man, poised and confident. Sullivan has a friendly, pleasant personality. He has shown ability to handle difficult criminal investigations. It is believed that he had qualifications which would enable him to handle an administrative or supervisory position in the Bureau. SA Sullivan is in grade GS-12.

#### EDWIN R. TULLY

SA Tully entered on duty with the Bureau as an Agent on January 4, 1943. Previously he had been a Clerk in the New York office where he entered on duty August 16, 1941. He is 30 years of age and he holds a B.S. degree. SA Tully is presently assigned to Section 6, which handles Espicnage R and Internal Security R investigations. This agent makes a very fine appearance. He is alert and well grounded in Eureau policy. He has handled very skillfully the cases which have been assigned to him. SA Tully is in grade GS-12.

#### FRANCIS P. CARR

SA Carr entered on duty with the Bureau as an Agent on Junel, 1942. For the past several years he has been engaged in the investigation of Internal Security C and Security Latter C investigations, and in the absence of the regular Supervisor has served as a relief supervisor. Prior to coming to New York on December 3, 1946, he served in Cleveland, Birmingham, Portland, and San Francisco. SA Carr has a very good personality and meets people well. He is very capable at handling Agents. He is a very thorough worker and is capable of accepting responsibility. He works well under pressure and shows excellent judgment in making decisions. He has demonstrated himself as capable of running the section smoothly in the absence of the regular supervisor. He can handle a very high volume of work. He has a thorough knowledge of Bureau procedure. I believe he has above average possible lities for advancement in the Bureau. SA Carr is in grade GS-12.

#### JOSEPH O. FERRARA

SA Ferrara entered on duty with the Eureau on June 8, 1912. For the past several years SA Ferrara has been assigned to the criminal investigative squad of the New York Office. This Agent has an athletic build and makes a very good appearance. He is a resourceful and skillful investigator. He has been able to handle contacts with local police officials very well. From time to time this Agent has been called upon to assist in a supervisory capacity on the criminal desk. On those occasions he has demonstrated that he possesses the ability to handle the problems arising out of supervisory work. In addition he is the type of man who commands the respect of his fellow Agents. SA Ferrara is in grade GS-12.

#### THOMAS W. CURRAN

. . EA

SA Curran entered on duty with the Bureau on March 18, 1946. He has been assigned to the New York office since September 19, 1946. SA Curran had been a Captain in the U.S. Army Intelligence prior to his appointment as a Special Agent. He is a member of the bar. This Agent is a police instructor and Bureau speaker. He makes a very fine appearance and he possesses a pleasant personality. SA Curran has demonstrated good judgment and the ability to get along with people easily. Presently he is assigned to the handling of liaison with other government agencies in the New York area. He has performed very well in this position. SA Curran is in grade GS-12.

Very truly yours.

ELWARD SCHEIDT SAC

1 cc Bureau for each Agent named herein, total of 32.



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Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY-CHECK) the sum of \$10, payable to the Chief Clerk of the FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Chief Clerk of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Chief Clerk, directing him to pay to the designated beneficiary the sum of \$10,000. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

	Relationship _		, Just	<u> 37-10</u>
Address 361 CLINTON AVE.	13Krin	. N.	1	TOT RECORDED
The following person is designated. Fund providing \$1500 death benefit to benefic	as my beneficiation	ary under the killed in li	Chas. S. R	OSS //
Name MILDRED TULLY	Relationship <u>(</u>	wife.	Date 8-2	<u> 70</u> 6/
	AUS B	3KLYH	N.Y	•
ack	Very truly	yours,	3/10	RS
sed o 1826	Edwin	Ritu	22	
lee	Special Age	ent	\	

Mr. Edwin R. Tuliy Federal Bureau of Investigation U. S. Department of Justice

Sat, New York

Of the Second

Mractur, FRI

Coeloral Supervisory Indy See Sade (XILog

Manualist Auto 7, 1990.

Duran authority to hereby granted for you to utilize the services of the following agents to beadle weekend supervisory duties:

Lee E. Carrey Jacoph C. Porrara William C. Barpel John H. O'Mara Joseph C. Valch John F. Callaghan Filliss A. Miljis Christopher J. John Burth E. Tully

O & AUG 8 1950

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June 21, 1950

Office Memorandum • UNITED STATES GOVERNMENT

Director, FBI

SAC, New York

SUBJECT:

FIELD OFFICE ADMINISTRATION NEW YORK OFFICE DATE: June, 7, 1950

Saypersh

It has become necessary to add to the list of those qualified to handle weekend supervisory duty in view of the transfer of agents previously authorized by the Bureau to handle that type of assignment. The following agents in the New York office are being recommended to handle weekend supervisory duty:

Leo E. Conroy was recently approved by the Bureau to act as relief supervisor for the Loyalty Section. Mr. Conroy has been utilized on a part-time basis reading Loyalty reports and handling some other miscelleneous functions in connection with the administration of Security Matter work.

John FA/Callaghan was recently approved by the Bureau as a relief supervisor for the Loyalty Section. Mr. Callaghan was given a rating of excellent in his last efficiency report. He has demonstrated a considerable amount of supervisory and administrative ability.

Joseph G./Ferrara has been assigned to the Criminal Squad of the New York office for a number of years. Mr. Ferrara has also been used during the past year in a relief capacity on the general criminal desk. He has demonstrated that he has definite administrative ability.

william A. Halpin is assigned to the Accounting Squad. Agent Halpin entered on duty with the Bureau on November 5, 1938. He is a very experienced agent having worked all types of Bureau investigative work. He has demonstrated sound judgment in the handling of his investigative cases. I believe he is well qualified to act as a weekend supervisor.

William C. Maupai has been approved by the Bureau as assistant, supervisor for the Applicant Squad. He has demonstrated sound judgment in this position. Based on his experience as an assistant supervisor, he is believed well qualified to handle weekend supervisory duty.

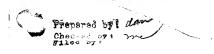
Christopher J Morar has been approved by the Bureau as supervisor of the Training Unit. He has a comprehensive knowledge of Bureau policy and procedure and is well qualified to act in the capacity of weekend supervisor.

John M. O'Mara is presently assigned to the Russian Espionage Squad where he has participated in the investigation of some of the more important espionage cases. This agent had demonstrated that he is equipped to handle the more detailed and complex type of investigation. He has always exercised sound judgment and I believe that he is sufficiently well qualified to act as a weekend supervisor as he is well acquainted with Bureau policy and procedure.

TFR:CTC

Wise.

Letter to Director Re: FIELD OFFICE ADMINISTRATION-NEW YORK OFFICE Edwin R Atully has had diversified experience in criminal and national defense matters. He is presently assigned to some of the more complex phases of the Sowne investigation, a major Russian espionage case. His annual efficiency report set forth that he possessed supervisory and administrative Joseph C. Walsh was utilized as a relief supervisor on the Applicant section with the Bureau's approval. Recently, he was transferred to the Russian Espionage Squad where he has demonstrated his ability to handle the more complex and difficult type of Bureau investigation. Based on his supervisory experience and his knowledge of the Bureau's investigative work, he is believed qualified to handle weekend supervisory duty. SAC adar OK. Gov.



November 18, 1950

Mr. Edwin R. Tully Pederal Bureau of Investigation New York, New York

Dear Mr. Tully:

In connection with the Uniform Promotion Act, I am indeed pleased to advise you that you have been recommended for promotion from \$6600 per annum to \$6600 per annum

Sincerely yours,

John Edgar Hoover Director

CC: SAC, New York (Personal Attention)
Mr. J.E. Edwards
Movement Section

CENVED-MALL ROS

6

JW:dan 67-211900

# Hice Memorandum • United States Government

TO Mr. Glavin

FROM: SUBJECT:

EDWIN RAYMOND TULLY

Special Agent New York Office

H. L. Edwards,

RE: UNIFORM PROMOTI

		Tolson
		Ladd .
		Clegg
		Glavin
		Nichols
1		Rosen
	1	Tracy
	-	Harbo

DATE: November 14, 1950

This employee entered on duty as an Under Clerk on 8-20-41 and was appointed to the position of Special Agent on 1-4-43 in Grade CAF-9, \$3200 per annum. On 11-16-47 he was reallocated to Grade CAF-12,\$5905.20 per annum, and as the result of one Uniform Promotion and two basic increases in pay, his present salary is \$6600 per annum in GS-12. He is eligible for a Uniform Promotion, effective 11-26-50.

During an inspection of the New York Office in October, 1949, the Inspector (No B. Wright) said Tully possessed initiative and resource fulness: was conscientious, and a hard worker. He was capable of handling complicated investigations and carried out his assignments in an intelligent, mature fashion.

On 3-31-50 SAC Scheidt rated him EXCELLENT and said among other things that in connection with the self-inspection during the rating period, the case of RICHARD E. LAUTERBACH, Wa., ESPIONAGE-R was written up calling attention to various investigative techniques that had not as well been utilized by this Agent. The SAC pointed out that this case was assigned to Agent Tully at the time he was handling work in connection with the COPLON-GUBITCHEV cases which were considered of prime importance. This Agent possessed supervisory and administrative ability and was a layel, conscientious, hard-working Bureau. emplouee.

RECOMMENDATION: It is recommended that he be afforded can increase of \$200. under provisions of the Uniform Promotion Act to \$6,800 per annum if Grade GS-12, effective 11-26-50. Litter to employee

advising UPA

Filed

FEDERAL BOXERS CHURVESTIGATION

JEE: jda



### Anted States Department of Instice Nederal Bureau of Investigation Washington, D. C.



Director Federal Bureau of Investigation United States Department of Justice Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY-OFFDER) the sum of \$10, payable to the Chief Clerk of the FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Chief Clerk of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Chief Clerk, directing him to pay to the designated beneficiary the sum of \$10,000. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name MilDRED M. TULLY Relationship Wife Date 2-16-5
Address 361. CLINTON AUE BROOKLYN MY.
The following person is designated as my beneficiary under the Chas. S. Ross-Fund providing \$1500 death benefit to beneficiary of agents killed in line of duty.
Name MILDRED M. TULLY Relationship wife Date 2-16-51
Address 361 CLINTON AVE. BROOKLYNI N.Y.
ack Very truly yours,
MAR 2 1 1957 The Eduin R. Tully
Special Agent

# CECRAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

#### REPORT OF PERFORMANCE RATING

Split after d

Name of Employee:	EDWIN R. TULLY 9/	6480	
Where Assigned:	NEW YORK DIVISION (Division)	SECTION (Section, Unit)	
Payroll Title:	SPECIAL AGENT - GRADE	GS-12	
Rating Period: from _	March 31, 1950	to <u>March 31, 1951</u>	
ADJECTIVE RATING:	SATTSFACTORY Outstanding, Satisfa	actory, Unsatisfactory	Employee's Initials ERT
Rated by:	EDWARD SCHEIDT Signature	ALC SAC 1 itle	3/31/51 Date
Reviewed by:  Rating approved by:	Signature Signature	Title Assistant Director, Federal Bureau of Investigation	Date APR 5 1951 Date
	TYPE OF RECEIVED IN TYPE OF TYPE O	( ) Administrative	70 2 30 Atr. 4 1351

NARRATIVE COMMENTS

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth, IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION, UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a projectory and the control of the control

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# PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee EDWIN R. TULLY	Title SPECIAL AGENT
Additional Employees	Rating Period: from 3/31/500 3/31/51
RATING GUIDE AN	ND CHECK-LIST
Note: Only those items having pertinent bearing on employee's performance Rate items as follows:	n addition, of course, supporting comments must comply with the requirements
(1) Personal appearance. (2) Personality and effectiveness of his personal contacts. (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).  (4) Physical fitness (including health, energy, stamina). (5) Resourcefulness and ingenuity. (6) Forcefulness and aggressiveness as required. (7) Judgment, including common sense, ability to arrive at proper conclusions; ability to define objectives. (8) Initiative and the taking of appropriate action on own responsibility. (9) Planning ability and its application to the work. (10) Accuracy and attention to pertinent detail. (11) Industry, including energetic consistent application to duties. (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.  (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and know how of application.  (14) Technical or mechanical skills. (15) Investigative ability and results:  (a) Internal security cases (b) Criminal or general investigative cases (c) Fugitive cases (d) Applicant cases (e) Accounting cases (16) Physical surveillance ability.	(17) Firearms ability.  (18) Development of informants and sources of information.  (19) Reporting ability:  (a) Investigative reports (b) Summary reports (c) Memos, letters, wires (Consider:
A. Specify general nature of assignment during most of rating period (such a tor, etc.):  Security	s security, criminal, applicant squad, or as resident Agent, supervisor, instruc-
B. Specify employee's most noteworthy special talents (such as investigator, de	sk man, research, instructor, speaker):
C. (1) Is employee available for general assignment wherever needs of service (2) Is employee available for special assignment wherever needs of service (2)	require? Yes(If answer is not 'yes', explain in narrative comments.) require? Yes(If answer is not 'yes', explain in narrative comments.)
D. Has employee had any abnormal sick leave record during rating period?	

Outstanding, Satisfactory, Unsatisfactory

ADJECTIVE RATING:

**)** 

EDWIN R. TULLY SPECIAL AGENT ANNUAL EFFICIENCY REPORT

Special Agent Edwin R. Tully EOD with Bureau January 4, 1943, arrived New York Division November 14, 1946, presently in Grade GS-12.

Dictation ability of this agent Excellent.

Presently assigned Internal Security-R and Espionage-R section of this office where he is handling some of the most important cases of this character. He has handled the investigation of OWEN LATTIMORE as well as various Sovme cases. He has a thorough understanding of the Soviet espionage system, operates without supervision, exercises good judgment, initiative and resourcefulness. He is definitely capable of handling major investigations.

Agent Tully is physically qualified to handle any duties requiring arduous physical exertion and participate in raids and dangerous assignments involving the use of firearms and defensive tactics.

This agent has had previous experience in testifying in Federal District Court, before U.S. Commissioners and the Federal Grand Jury. However, he has not been called upon to testify during the rating period but I believe he would make a very creditable impression as a Bureau representative on the witness stand.

Agent Tully is a loyal, hard-working, conscientious Bureau employee definitely rated in the upper limits of SATISFACTORY with those agents in Grade GS-12.

April 10, 1951

Ur. Edwin R. Tully Federal Eureau of Investigation United States Department of Justice New York, New York

Dear Mr. Tully:

By attention has been called to the exemplary way in which you carried out your particular duties relative to the case entitled Julius josenberg and others. Espianage.

The thorough and competent manner in which you handled your assignment and the sound, mature judgment which was displayed by you on this accasion are deserving of commendation. You may be justly proud of the splendid services you have rendered in assisting in the investigation of this important case.

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COPY:ec

New York 7, New York

March 30, 1951

Director, FBI

RE: JULIUS ROSENBERG

ESP-R

HUlly, EDWINR

Dear Sir:

In view of the successful prosecution and conviction of JULIUS KOSENBERG, ETHEL ROS MEERC and MORTON SOBELL on the charge of conspiracy to commit aspionage, it is believed that the Bureau should be advised of the work of the special agents of this office who were responsible for the thorough, detailed and intelligent investigation of this matter which was so essential to the successful prosecution of the case.

These names are being submitted with the recommendation that the Bureau direct letters of commendation to the individual agents and there is being set forth by each agent's name a brief statement as to his participation in the investigation:

Bauckham, Frederick C.

The individual cases of JOEL BARR and MARK PAGE are assigned to this agent. He conducted many interviews and covered numerous leads in connection with the over-all case of JULIUS ROSENBERG and handled all of his assignments in an expeditious and thorough manner.

Blasco, Paul J.

This agent has the cases of RUSSELL MCNUTT and AARON COLEMAN assigned to him. He likewise participated in the search of the ROSENBERG apartment and has covered a great number of leads arising out of this investigation. He likewise handled his assignments with dispatch, thoroughly, and exercised intelligence and good judgment during his investigations.

Cammarota, Armand A.

This agent developed and handled

furnished

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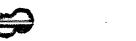
valuable information valuable information in connection with this case and SA Cammarota has done an excellent job in the manner in which he handled it.

Cahill, Edward J.

This agent has covered numerous accounting leads in connection with the instant case and has done a major portion of the accounting work in the investigation of WILLIAM PERL. SA Cahill performed all of his assignments in a diligent and thorough fashion.

RRG: IM 65-15348







Letter to Director NY 65-15348

Cahill, Vincent J.

The investigation of MAX ELITCHER has been assigned to Agent Cahill. He, together with SA James T. O'Brine, which responsible for the successful interviews of ELITCHER and with soliciting his cooperation as a Government witness in this case. These agents also interviewed and handled Mrs. ELITCHER. It is believed the work of Agents Cahill and O'Brien in connection with this phase of the investigation was particularly outstanding and was important to the successful prosecution of this case. Agents Cahill and O'Brien both exercised keen imagination, good judgment and aggressiveness in the part which they played in the over-all investigation of this case.

Corcoran, Maurice W.

This agent has assigned to him the case of WILLIAM PERL. He has also handled numerous leads in connection with both the PERL and ROSENBERG cases. His investigations in connection with this matter have been thorough, concise, performed with dispatch and handled in an intelligent fashion.

Frutkin, Leo H.

Agent Frutkin has covered many of the important leads in concotion with this case. He actively assisted in the preparation of the
prosecutive summary in instant case for trial, interviewed the SIDOROVICHES
and PERL in Cleveland, RICH in New Haven and prepared the daily summary
teletypes of the trial to the Bureau. His assignments have always been
performed with dispatch and in a thorough, intelligent fashion.

Gallaher, Lester 0.

This agent has handled many of the individual leads in connection with this and related cases. He has performed all of his assignments in a enthusiastic thorough manner.

Gavin, Walter P.

Investigation of CARLA JAVNA, one of the subjects in this group, has been assigned to SA Gavin. He also covered many of the leads in this case. His investigations and interviews were conducted with intelligence and dispatch.

Good, Harold F.

This agent performed the accounting work on the ROSENBERGS. He has also handled a number of leads in connection with this case. His investigations were complete and performed with dispatch.





Letter to Director

Harrington, John A.

This agent was one of the agents who sat at the counsel table during the entire trial, assisting the U.S. Attorney in connection with the trial. He is also one of the agents working actively as liaison with the U.S. Attorney's Office and assisted the U.S. Attorney in preparing many of the witnesses for trial. It is felt that SA Harrington's work in connection with this case, the long hours put in, are worthy of special mention. His investigations were performed in an intelligent, thorough fashion. He came up with a number of beneficial ideas in connection with the over-all preparation of this case and at all times has exercised tact and good judgment.

Hradsky, nichard T.

The case of VIVIAN GLASSMAN is assigned to this agent. He has anticd interviews with GLASSMAN and has covered numerous leads in this and tolated cases. He has handled all of his assignments competently and thoroughly.

Lee, Janes P.

This agent has handled the lead cards, reviewed incoming mail for leads and did much of the paper work in instant case. We participated in the search of ROSENBERG'S apartment, has handled leads in connection with this investigation and over-all has performed his assignments with excellence. He has exercised diligence and good judgment in doing all the phases of his work on this case.

Lewis, John W.

The case of DAVID GREENGLASS is assigned to agent Lewis. He has covered numerous leads in connection with this and related cases. He participated in the arrest and interview of MORTON SOBELL in Texas. It is felt that his work in connection with this and related cases has been excellent. He has performed his assignments with mature judgment, and conducted all of his investigations in a thorough, diligent fashion.

Littlejohn, Herman C.

This agent has covered numerous leads in this case. His investigations and interviews have been conducted with intelligence and good judgment.

kcDo.agh, Michael J.

This agent participated in the search of ROSENBERG'S apartment and has covered numerous leads in connection with this case. He has exercised good judgment and has been diligent in the manner in which he handled his assignments.

Minihan, hichard A.

The cases of Fichael and ANNE SIDOROVICH and FRED KITTY are assigned to SA Minihan. He has covered numerous leads in connection with this and related cases. He handled his assignments with disp. with, thoroughly and competently. He has had an intelligent and mature approach to his investigations.



Letter to Director

Mitchell, Thomas F.

This agent has been assigned numerous leads in this case which he has covered promptly and efficiently. He has exercised tact, good judgment in all of his assignments.

Norton, William F.

The case on JULIUS ROSENBERG and ETHEL ROSENBERG has been assigned to this agent. He, together with SA Harrington, participated in the interview and arrest of ROSENBERG. He worked closely with the U.S. Attorney's Office all during the preparation of this case and remained at the counsel table throughout the trial to assist the U.S. Attorneys with the presentation of this case. He has performed his assignments in excellent fashion, exhibited sound, mature judgment and has a most intelligent approach to the problems arising in connection with this case. He put in long, arduous hours and handled all of his assignments with dispatch and is worthy of special mention.

O'Brien, James T.

Attention is directed here to my comments concerning SA V. J. Cahill, inasmuch as SA O'Brien and SA Cahill were primarily responsible for the successful interview and development of MAX ELITCHER as a Government witness in connection with this case. He also covered numerous leads and it is felt that his over-all performance has been excellent.

Palguta, Joseph J.

This agent participated in the search of the ROSENBLAG apartment and has covered many leads in this case. He has been a tireless worker, has conducted his investigation with intelligence and good judgment.

Plantz, Robert S.

Agent Plantz participated in the search of the HOSENBERG apartment and covered many leads in connection with this case. He has been a tireless worker and conducted his investigation with intelligence and good jubernet.

h Jul, Rovert F.

The investigation of ALFRED K. SARANT is assigned to Agent Royal. In addition, he has conducted numerous leads with regard to instant case. This agent has also put in long hours, has used imagination and sound, mature judgment in the way he handled his assignments and his work is most certainly worthy of commendation by the Bureau.

Shroder, Rex I.

The case of MORTON SOBELL is assigned to SA Shroder. He participated in the interview and arrest of SOBELL in Texas, has written all of the reports in the SOBELL case, handled the Mexican witnesses during the trial and prepared them for testifying as witnesses. This agent has exercised sound, mature judgment, enthusiasm and tact in the manner in which he carried out his assignments and it is believed his over-all performance is worthy of special mention to the Bureau.

Letter to Director

Silverthorn, Charles P.

The investigation of WILLIAM DANZIGER and STANLEY RICH is assigned to this agent. In addition to this, he has handled many leads in connection with this and related cases. All of his assignments were handled in a thorough, competent and intelligent fashion.

Stevenson, Robert L.

This agent has covered thoroughly and promptly a great many leads in connection with the ROSENBERG and related cases. He has intelligently handled each assignment and successfully interviewed Dr. George Bernhardt who was utilized as a Government witness during the trial.

Taylor, Bert S.

The investigation of NATHAN SUSSMAN is assigned to this agent and he has been successful in obtaining valuable information as a result of his investigation and interview of SUSSMAN. He likewise handled numerous leads in this case. His investigations have been thorough and complete and performed in an intelligent fashion.

I lly, Edwin R.

This agent coordinated the jury panel checks and investigation in connection with this case. He also handled a number of other leads. His assignments were performed thoroughly and competently and at all times he utilized sound, mature judgment.

Walsh, Joseph C.

This agent has handled HARRY GOLD during this trial and has also covered numerous leads in connection with this investigation. He handled each of his assignments in a competent, thorough fashion and exercised good judgment throughout.

van Dorn, Gerald J.

This agent prepared the financial reports on the Pitt Machine Products Company and assisted the U.S. Attorney during the trial in accounting testimony. His investigations were thorough and complete. He exercised tact, and diligence in the manner in which he handled these assignments.

It should be noted that Special Agents Edwin L. Sweet, John J. Creeden and John M. Speaks conducted investigation in Mexico re MORTON SOBELL. It is felt that this investigation was handled in a most thorough and invelligent fashion and it is believed that in addition to the above the Bureau will desire to direct letters of commendation to the SIS agents.

It can be stated for all of the agents heretofore mentioned that each and every one of them devoted a tremendous amount of overtime for which no compensatory leave was requested in carrying out their assignments.

Very truly yours, EDWARD SCHEIDT, SAC

COPY: ec

New York 7, New York

April 26, 1951

<del>CONFIDENTIAL</del>

Director, FBI

RE: SPECIAL AGENT

PERSONNEL ADVANCEMENT

Dear Sir:

There is set forth herein a list of Special Agents believed qualified for additional responsibilities and advancement in the Bureau's service, in accordance with SAC Letter No. 29, dated March 27, 1951.

distribution

#### ROBERT R. GRANVILLE

SA Granville entered on duty with the Bureau on October 28, 1940 and is currently in Grade GS-13. He had continued to act as supervisor of the important Russian espionage cases in the New York office and is also the No. One Man to ASAC William M. Whelan. He has had supervisory experience since 1943, is an extremely capable man and is particularly well suited for additional responsibilities.

#### THOMAS J. MCANDREWS

SA McAndrews entered on duty with the Bureau on April 7, 1941. He holds an A.B. degree and has had two and a half years of law. He was born November 29, 1916. He has had excellent experience in the Bureau as a Supervisor in the New Haven office, a Supervisor at the Bureau, and as Nicht Supervisor and Relief Supervisor in New York. He is currently Supervisor of Section 1, the Major Case Section of this office. SA McAndrews makes an excellent personal appearance; has shown an ability to supervise the work of other men, and at all times uses a high degree of imagination and ability. Since the submission of the last letter on this subject, he has continued to act as Supervisor of Section 1. He is I A AUG 8 in Grade GS-13.

#### JOSEPH WOHL

SA Wohl entered on duty with the Apreau on December 29, 1941 and is currently in Grade GS-13. He holds the degrees of B.A. from Syracuse University and Doctor of

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Re: Personnel Advancement

Jurisprudence from New York University. SA Wohl is a particularly hard worker, a conscientious, resourceful investigator and has been repeatedly commended by the United States Attorney's Diffice and the Bureau for the excellent work he has performed on major criminal cases. He is currently operating as Supervisor of Section 5, the major criminal squad of the New York office. He is outstanding in planning and conducting raids and dangerous assignments of all types. He gets along well with personnel, is loyal and dependable. He is particularly forceful and aggressive and well suited for the handling of major criminal cases. He is No. One Man to ASAC Edward E. Hargett and in such capacity has acted in his absence on many occasions with excellent judgment and common sense.

#### WALTER E. LEVVIS

SA Levvis entered on duty with the Bureau on March 3, 1941. He holds a B.A. degree and was born June 9, 1916. He is of medium stature and makes a very fine personal appearance. SA Levvis has had wide experience in the Bureau. He has continued to supervise Section 12 of the New York office which handles Security Matter - C and Loyalty cases. He is currently in Grade GS-13.

#### WARREN T. MARCHESSAULT

August 26, 1940. He holds both Ph.B. and LL.B. degrees. He was born April 2, 1915. SA Marchessault is of medium stature and makes a neat appearance. He has been a Supervisor in the New York office for several years and has shown ability to carry out Bureau instructions and to follow the work assigned to him and the agents under him with force. He has a thorough understanding of Communism, is the Supervisor of Section 7 in the New York office, and has given conscientious and intelligent direction to the agents under him. He is thoroughly loyal and has shown administrative and supervisory ability. SA Marchessault is in Grade GS-13.

#### JOHN F. SULLIVAN

SA Sullive, extred on duty with the Bureau on December 4, 1535 is currently in Grade GS-13. He holds B.E.A., LL.B. and J.S.D. degrees from St. John's University and is a member of the New York State Bar. He presents a particularly fine personal appearance and is outstanding in this regard. He received SIS experience, served as a



Letter to Director Re: Personnel Advancement

Supervisor at the Seat of Government and has consistently handled important cases with good judgment and common sense. He is currently the Supervisor of Section 8, the liaison squad of the New York office, which handles public relations, research, resident agents, training unit and National Academy investigations. He is a good leader and has marked ability to handle men. He should go far in the Bureau's service.

#### HOWARD L. GILLESPIE

SA Gillespie entered on duty with the Bureau on February 9, 1942 and is currently in Grade GS-12. SA Gillespie is the Supervisor of the criminal squad which handles Selective Service, Deserters, Impersonation, ITSMV, Stowaways and other general matters. He handles a terrific volume of work, using exceptionally good judgment, with a mature, businesslike approach and manner. He handles employees under his supervision well and displays resourcefulness and aggressiveness in his every-day duties.

#### WILLIAM A. HAMILTON

SA (A) Hamilton is an accountant who entered on duty with the Bureau on May 4, 1942 and is currently in Grade GS-12. He is a well experienced accountant who has handled the difficult and complicated type of accounting investigation in a capable and outstanding manner. He has acted as relief supervisor on the accounting desk since July 17, 1950. He is currently acting as Supervisor of this section and Bureau approval has been requested to designate him as the permanent supervisor. It is felt that SA Hamilton is particularly well suited to counseling and guiding the newer accountants in the Bureau. He has an excellent knowledge of Bureau policies and procedures and gets along well with the personnel. He is loyal and dependable.

#### BOVEN F. ROSE

SA Rose entered on duty with the Bureau as an agent on September 22, 1941 and is currently in Grade GS-12. He has received experience as Night Supervisor for a period of three months and is currently Assistant Supervisor of Section 5, the Major Criminal Section of the New York office. He is a fine, capable investigator who is particularly forceful and aggressive. His paper work is good, he gets along well with the personnel and he is loyal, conscientious and has an excellent attitude. It is believed that he is ready for further administrative responsibilities. His services are also used as weekend Supervisor in the New York office.

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Letter to Director re: Personnel Advancement

#### WILLIAM A. HALPIN

SA (A) Halpin entered on duty with the Eureau on July 25, 1938, and is corrently in Grade GS-13. He is an accountant who is thoroughly experienced in all phases of the accounting work of the Eureau and is an exceptionally fine general investigator. He is sufficiently forceful and aggressive to function smoothly and makes an excellent, mature appearance. His personality is good and he gets along very well with the personnel of the office. He was recently designated as Assistant Supervisor of Section 2, the criminal squad which handles ITSMV, Selective Service and other criminal cases. He has been designated as Night Supervisor of the office for the next three months and begins his duties on April 21, 1951. I feel this Agent has definite administrative possibilities and in accordance with instructions he is being given training for further advancement. He also serves as Weekend Supervisor in the New York office.

#### ROY J. BARLOGA

SA Barloga entered on duty October 2, 1939, and is currently in Grade GS-13. He has had a wide variety of field experience and is considered an above average investigator in all respects. Since the submission of the last letter on this subject, he has continued to act as Relief Supervisor on Section 1, the Major Case Section of this office. He uses good judgment, common sense, and handles personnel well. It is felt that he has definite possibilities for further advancement.

#### JOHN J. MCKENNA

SA McKenna entered on duty on February 2, 1942, and is currently in Grade GS-12. He is currently handling Special Service Contacts in this office and is exceptionally well suited for this work. He has an excellent personality, dresses neatly and is liked by everyone he meets. He is particularly forceful and aggressive, and has definite administrative ability. However, due to his work in handling Special Service Contacts, he has not been used on the desk to any extent. He is an approved Weekend Supervisor.

Letter to Director re: Personnel Advancement

#### T. SCOTT MILLER

SA Miller entered on duty with the Bureau on October 14, 1940, and is currently in Grade GS-13. He is forceful, aggressive, and makes an excellent personal appearance. He is an outstanding investigator who handles the most important type of major espionage cases. In this connection, he has directed the work of other agents and he definitely has administrative ability. Because of his importance to the espionage cases of this office, he has had limited experience in desk work. With more experience, this man should go far in assuming additional responsibilities. At the present time his services are utilized as Weekend Supervisor.

#### JOHN C. STOKES

SA Stokes entered on duty with the Bureau on August 11, 1941. He has been assigned to the general criminal investigative squad of the New York office for several years. He has demonstrated the ability to organize and push his investigations efficiently and vigorously. SA Stokes has been commended by the Director for excellent work on several occasions during recent years. This man makes a good personal appearance. He has given every indication of possessing the necessary judgment, intelligence and personality to warrant his advancement in the Bureau service. He is in Grade GS-12. He is a Bureau approved Weekend Supervisor.

#### PRESTON W. DISE

SA (A) Dise entered on duty as a Special Agent (A) on June 8, 1942. Prior to his assignment to the New York Division on February 24, 1945, he worked in the Houston and Charlotte Divisions. Since his assignment here, he has worked principally on the accounting squad. SA Dise has demonstrated that he possesses to a very high degree the ability to handle every type of accounting investigation. He is an approved firearms instructor and during his Bureau service in the Charlotte office he had some supervisory experience. He has demonstrated through the handling of his work in this office that he is one who has a high degree of potential for advancement in the Bureau's scrvice. SA Dise, who is in Grade GS-12, served a tenure of three months as Night Supervisor in the New York office and did an exceptionally capable job.



Letter to Director re: Personnel Advancement

#### EDWIN R. TULLY

SA Tully entered on duty with the Bureau as an Agent on January 4, 1943. Previously he had been a Clerk in the New York Division where he entered on duty August 16, 1941. He is presently assigned to Section 6 of this office, which section handles Russian espionage matters. SA Tully has operated very satisfactorily as a Weekend Supervisor. He has a thorough knowledge of Bureau procedure and policy and has demonstrated the ability to handle major investigations, as well as a high degree of initiative and aggressiveness. He is thoroughly mature in his approach to all of his assignments. At the present time SA Tully is in Grade GS-2.

#### FRANCIS P. CARR

SA Carr entered on duty with the Bureau as an Agent on June 1, 1942. For the past several years he has been engaged in the investigation of Internal Security - C and Security Matter - C investigations and, in the absence of the regular Supervisor, has served as Relief Supervisor. Prior to coming to New York on December 3, 1946, he served in Cleveland, Birmingham, Portland, and San Francisco. SA Carr has a very good personality and meets people well. He is very capable at handling Agents. He is a very thorough worker and is capable of accepting responsibility. He works well under pressure and shows excellent judgment in making decisions. has demonstrated himself as capable of running the section smoothly in the absence of the regular Supervisor. He can handle a very high volume of work. He has a thorough knowledge of Bureau procedure. I believe he has above average possibilities for advancement in the Bureau. SA Carn is in grade GS-12 and at the present time his services are being utilized as Weekend Supervisor in the New York office.

#### JOSEPH G. FERRARA

SA Ferrara entered on duty with the Bureau on June 8, 1912. For the past several years SA Ferrara has been assigned to the criminal investigative squad of the New York office. This Agent has an athletic build and makes a very good appearance. He is a resourceful and skillful investigator. He has been able to handle contacts with local police officials very well. SA Ferrara is an approved Relief Supervisor and from time to time has been called upon to assist in a supervisory capacity on the criminal desk. On those occasions he has demonstrated that he possesses the ability to handle the problems arising out of supervisory work. In addition he is the type of man who commands the respect of his fellow agents. This Agent is currently assigned to the investigation of WILLIAM FRANCIS SUTTON, was, etal, BR, and in this capacity supervises the

Letter to Director
re: Personnel Advancement

work of six Agents. It is felt that he is doing a very capable job. His services are also utilized as a Weekend Supervisor in the New York office. SA Ferrare is in Grade GS-12.

#### JOSEPH M. FITZGEKALD

SA Fitzgerald entered on duty as an Agent on March 3, 1941. He has served in the Springfield, Pittsburgh, and New York offices. He is above average in height and has an athletic build. He dresses neatly at all times and presents an excellent personal appearance. He has an easy, friendly personality and gets along well with his fellow Agents. He is extremely conscientious and has a mature and businesslike manner. For almost two years he has been engaged in duties of an administrative nature as an Assistant Supervisor on Section 12, which handles Security Matter - C and Loyalty matters. He has been assigned the administration and correlation of the program of verifying the residence and business addresses of all Security Index subjects in the New York Division. He has handled this assignment in a highly capable and efficient manner. His mature judgment and common sense have been of considerable assistance to the younger Agents in the handling of their cases. His services are also utilized as a Weekend Supervisor in the New York office. At the present time he is in Grade GS-12.

#### WILLIAM C. MAUPAI

SA Maupai entered on duty as a Special Agent on June 22, 1942. He servied in the Philadelphia and New Haven offices prior to his assignment to New York, and has had a diversified experience in the Bureau. SA Maupai is intelligent and personable and uniformly exercises good judgment. He has the ability to make successful contacts among all types of people. He has demonstrated that he is capable of handling any situation which might arise, and he is available to serve in any type of territory or office. SA Maupai SA Maupai is a Bureau approved Assistant Supervisor of the Applicant Section and he has demonstrated that he has the ability to handle a tremendous volume of paper work. In recent months SA Maupai has functioned very capably in the recruiting of clerical and SA applicants. He has handled a large portion of the interviewing of Bureau clerical applicants. His services are also utilized as Weekend Supervisor in the New York office. SA Maupai has developed rapidly in the administrative field and has demonstrated that he definitely possesses administrative and executive ability. SA Maupai is in Grade GS-12.

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Letter to Director re: Personnel Advancement

#### WILLIAM A. LAMB

SA Lamb entered on duty as a Special Agent on November 10, 1940, and has had diversified experience in a number of field offices. He has demonstrated by his performance that he is well qualified to handle any of the more complicated investigative matters and he is an outstanding report writer and investigator. This Agent makes an above average personal appearance, he is intelligent, has an excellent personality, and uniformly exercises good judgment. He has the ability to make contact among all types of people and is available to serve in any type of territory or office. SA Lamb is possessed of supervisory ability and he is presently a Bureau approved Relief Supervisor of the Applicant Section of this office. He has functioned as a police instructor in a commendable manner and is a Bureau approved speaker. He has voluntarily put in long hours of work and has never refused to handle any assignment given to him. SA Lamb is in Grade GS-12.

#### WILLIAM J. MCCARTHY

SA McCarthy entered on duty with the Bureau on May 12, 1941, and is currently in Grade GS-12, assigned to Section 6, which handles Espionage - R matters. SA McCarthy makes a very clean-cut, mature appearance. He has handled a number of delicate matters with confidential informants in a highly satisfactory manner, has exhibited ability to handle major types of investigations, and is possessed of mature judgment, initiative and resourcefulness. He is also a Bureau approved speaker.

#### ANTHONY P. LITRENTO

SA Litrento entered on duty with the Bureau on April 6, 1942, and is currently in Grade GS-12 assigned to Section 6 of this office which section handles Soviet espionage matters. SA Litrento is mature in his appearance and in his approach to his assignments. He has operated as a Weekend Supervisor in a thoroughly satisfactory fashion. He has sound judgment, possesses initiative and resourcefulness, and has demonstrated the ability to handle major types of investigations. SA Litrento gets along well with personnel assigned to this Division.

Letter to Director re: Personnel Advancement

#### IAN D. MacLENNAN

SA (A) MacLennan entered on duty with the Bureau on August 25, 1941 and is in Grade GS-12. He has been commended by the Director on many occasions for the excellent work porformed by him in connection with investigative activities. He did a particularly outstanding job in connection with the handling of the Federal Reserve Act case entitled "Richard Henderson Crowe, was."., which case involved the theft of \$83,663 in cash and securities and necessitated a nation—wide investigation. In connection with this case, it was necessary for SA MucLennan to direct the activities of a large group of agents and work extremely long hours. He handled this assignment in an excellent manner. SA MacLennan is also used as a Weekend Supervisor in the New York office and has been used as a relief supervisor from time to time on Section 3, the Clerical and Administrative Section. He should advance in the Bureau's service.

#### JOHN G. WILLIS

SA Willis entered on duty with the Bureau on July 15, 1940 and is currently in Grade GS-13. He is a capable investigator and thorough and dependable in all respects. He presents a good personal appearance and has an exceptionally likable personality. He has been used to supervise the work of other agents as he handles the more important type of investigation and it is believed that he has supervisory ability. SA Willis is an approved Bureau speaker.

#### ANTHONY M. O'DONNELL

SA O'Donnell entered on duty with the Bureau on April 1, 1941 and was recently recommended for reallocation to Grade GS-13. He has consistently rendered outstanding service to the Bureau, particularly in the Admiralty field, where he has been called upon to make decisions concerning policy as well as the direction of the investigation in this He has always shown exceptional ability to direct. these investigations and to control the unreasonable requests of the Admiralty Division attorneys who are not familiar with Bureau procedures and policies. He has demonstrated excellent tact in the handling of these matters and has shown he is thoroughly familiar with Bureau procedures and policies. feel he is the type of individual who should be advanced in the Bureau's service in the light of the handling of his assignments. He is possessed of an excellent personality and is an approved Bureau speaker. His reports are consistently above average and require an absolute minimum of

Letter to Director re: Personnel Advancement

supervision. He is available for transfer and has received a rating of excellent on his past three annual efficiency reports.

#### CARL L. BENNETT

SA (A) Bennett entered on duty as a Special Agent on October 14, 1940. He is currently in Grade GS-12. It is noted he was separated from the service on January 3, 1947 and re-entered on duty July 14, 1947. He is an approved Weekend Supervisor and has received training in atomic energy accountability procedures at Oak hidge. SA Bennett is a particularly forceful, aggressive investigator who always does a good job. He has handled all types of complicated accounting investigations in an outstanding manner. His paper work is exceptionally good and he requires a minimum of supervision. His personal appearance is outstanding and he is loyal to the Bureau. Authority has been requested to assign SA Bennett as Relief Supervisor on the Accounting Squad. It is felt that SA Bennett has definite, exceptionally good possibilities for advancing in responsibility.

#### NORMAN W. PHILCOX

SA Philcox entered on duty on November 10, 1941 and is currently in Grade GS-12. SA Philcox is presently assigned as senior resident agent in White Plains, New York, which assignment he has continued to handle with a high degree of efficiency. He is a hard worker and his production has been well above average. His work requires a minimum of supervision. He is an experienced, dependable and loyal agent who, it is felt, has definite possibilities for advancement in the Bureau's service.

#### THOMAS P. LYNCH

SA Lynch entered on duty on June 5, 1939 and is currently in Grade GS-13. He is assigned as a resident agent at White Plains, New York, where he has continued since May 29, 1943 to do an excellent job. He is an approved Bureau speaker and is unusually well qualified in the handling of contracts with law enforcement officers and professional and businessmen in the territory. He has had wide experience as an investigator and was formerly a supervisor in the New York Division. He has excellent judgment, common sense and his reports and

Letter to Director re: Personnel Advancement

other paper work are submitted in good form. He makes an excellent personal appearance and it is felt he should advance in administrative responsibilities.

#### WILLIAM B. HERSHEY

SA Hershey entered on duty as a Special Agent on April 1, 1941 and is currently in Grade GS-13. He is presently assigned as a resident agent in Mineola, Long Island, where he has handled the most complicated type of investigations in an excellent manner. He is a diligent worker who requires a minimum of supervision. He has a quiet, effective personality and his personal appearance is excellent. It is felt that he has possibilities for administrative development.

#### LOUIS P. HURLEY

SA Hurley entered on duty with the Bureau on April 1, 1941 and is currently in Grade GS-12. He has been for many years assigned as resident agent at Kingston, New York. He is a particularly forceful, aggressive individual who is well suited to the assignment which he now has. He is exceptionally well liked by the police officials as well as by other contacts in his territory. He has handled an above average volume of work and his reports and other written work are submitted in good form. He is regarded as one of the top resident agents in this office and therefore it is felt he has possibilities for further advancement in the Bureau's service.

#### EMMETT F. MCNAMARA

SA McNamara entered on duty as a Special Agent on June 7, 1937 and is currently in Grade GS-13. He has been assigned as senior resident agent at Bayshore, Long Island since August 25, 1943 and in this capacity has for many years supervised in a capable manner the work of other agents who have, from time to time, been assigned to assist in the work of the resident agency. SA McNamara is a mature, serious individual who presents an excellent personal appearance. He has handled a large volume of work and assumes and discharges his responsibility without undue supervision. He has taken an exceptionally high interest in being a resident agent and his work is always executed on a very high plane. He is exceptionally able in contact work and is loyal and dependable.

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Letter to Director re: Personnel Advancement

#### GEORGE D. GATINS

SA Gatins entered on duty on May 1, 1939 and is currently in Grade GS-13. Since February 20, 1951 he has been assigned as a resident agent at Mineola, Long Island. Since that date, this man's work has been conducted on a very high plane. His volume is above average and he requires a minimum of supervision. He is a particularly aggressive, driving type of investigator who effectively brings to bear his experience and capabilities in completing and bringing to a logical conclusion his investigations. He has received experience as a Weekend Supervisor in the New York office and is an approved police instructor, administrative firearms instructor and an Inspector's Aide. It is noted that he has received some supervisory experience at the Seat of Government. It is felt that SA Gatins has capabilities for assuming additional responsibilities.

#### WILLIAM A. JOHNSON

SA Johnson entered on duty on May 1, 1939 and is currently in Grade GS-13. He has been assigned as senior resident agent at Mineola, Long Island since April 18, 1944. He has had long and varied experience and is capable of handling any type of investigation. He is forceful, aggressive, presents a good personal appearance and has demonstrated initiative in his every-day duties. He has supervised the work of six resident agents and has demonstrated that he is an efficient administrator. I believe that he has definite possibilities for further advancement in the Bureau.

In addition to the above names, Special Agents (A) Albert T. Healy, Christopher J. Moran and Special Agent Charles A. Donelan are also believed qualified for additional responsibilities and advancement. They were, however, not listed above since they are under transfer to the Bureau at the present time.

Very truly yours,

EDWARD SCHEIDT SAC

## RECORD OF PHOTOAL EXPINATION OF OFFICERS OF SPECIAL AGENTS FEDERAL BURNAU OF INVESTIGATION, U. S. DEPARMENT OF JUSTICE

	71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME_TULLY, Edwin R. AGE_31_YEARS;	6 MONTHS
NATIVITY(state of birth) MARRIED, SINGLE, WIDOWED: Mar	ried NUMBER OF CHILDREN 2
FAMILY HISTORY Mother-pneumonia	
HISTORY OF ILLNESS OR INJURY Usual Childhood Diseases	,
	* *
HEAD AND FACE Normal	- 4 1
EYES: PURILS (size, shape, reaction to light and distance, etc	.) Normal
DISTANT VISION RT. 20/20 corrected to 20/	~ N
COLOR PERCEPTION Normal ACC 1940	
(state edition of Stilling's plates of L DISEASE OR ANATOMICAL DEFECTS Essentially Neg	amps used)
EARS: HEARING RT. WHISPERED VOICE 15 /15' CONV	ERSATIONAL SPEECH 15 /15"
LT. WHISPERED VOICE 15 /15 CONV	
DISEASE OR DEFECTSNone	* **
· ,	DISQUALIFYING.
(Disease or anatomical defect, obstruc	ction, etc. State degree)
NOSE <u>Deflected septum</u> with 20% obstruction.NOT CONSIDERED (Disease or anatomical defect, obstruction Normal)	
TONGUE, PALATE, PHARYNX, LARYNX, TONSILS Normal	
TEETH AND GUMS(disease or anatomical defect): Periodontocla	gia,
MISSING TEETH 5,16	6 7 8, 9 10 11 12 13 14, 15 34
NONVITAL TEETH None	MHMMHMM L
NONVITAL TEETH None PERIAPICAL DISEASE None 11611	
MARKED MALOCCLUSION None 2 JULY	
PYORRHEA ALVEOLARIS Yes	
TEETH REPLACED BY BRIDGES None	
DENTURES None	
DEMARKS Noods monhylavis and	MUMMUMM 20 25 26 27 28 20 30 31 32
pyorrhea treatment Ond	m. Too
pyorrhea treatment	MAUTONE, LTJG, DC, USN.
(Signatu	re of Dental Officer)
ENERAL BUILD AND APPEARANCE Normal	
EMPERATURE 98.6 CHEST AT EXPIRATION 38	17-311911-128
EIGHT 721 CHEST AT INSPIRATION 40 1	The state of the s
ZEIGHT - 156 CIRCUMFERENCE OF ABDOMEN AT	UMBILICUS 32. AD
ECENT GAIN OR LOSS, AMOUNT AND CAUSE None	Mile that you will and selection and selection and the selection a
KIN, HAIR, AND GLANDS Normal	
	The state of the s
IECK (abnormalities, thyroid gland, trachea, Tarynx) Normal	10 3111 23 11321
ECK (abnormalities, thyroid gland, trachea, Tarynx) Normal	ाट्या छ । । । । । । ।
ECK (abnormalities, thyroid gland, traches, Tarynx) Normal  PINE AND EXTREMITIES (bones, joints, muscles, feet) Normal	<u>vk</u>

3 my ju

	Ö.
	Mormal
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC Chest Plate is Essentially Negative #8321, 6-22-5	
CARDIO-VASCULAR SYSTEM Normal	· · · · · · · · · · · · · · · · · · ·
HEART (note all signs of cardiac involvement)	Normal
PULSE: BEFORE EXERCISE 76  AFTER EXERCISE 88.  THREE MINUTES AFTER 78  CONDITION OF ARTERIES Normal  CONDITION OF VEINS Normal	BLOOD PRESSURE: SYSTOLIC 112 DIASTOLIC 72 CHARACTER OF PULSE Normal HEMORRHOIDS None
ABDOMEN AND PELVIS (condition of wall, scars, herniae, ab Appendectomy scar, Right lower quadrant	normality of viscera) Normal
GENITO-URINARY SYSTEM Normal	ė."
URINALYSIS: SP. GR. 1.021 ALB. Neg. S VENEREAL DISEASE Denied	SUGAR Neg. MICROSCOPICAL Neg.
NERVOUS SYSTEM Normal	,
REFLEXES, SUPERFICIAL Normal DEEP(knee, SEROLOGICAL TESTS"KAHN" 6-22-51 BLOGABNORMAL PSYCHE (neurasthenia, psychasthenia, depression of Last Vaccination TYPHOID PROPHYLAXIS: NUMBER OF COURSES	od Type "O", Rh factor positive sion, instability, worries) None
DATE OF LAST COURSE REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUF	FRICIENTLY DESCRIBED ABOVE
SUMMARY OF DEFECTS Deflected septum with 20% obstruction Periodontoclasia. Needs prophylaxi	
CAPABLE OF PERFORMING DUTIES INVOLVING Arduous IS THIS INDIVIDUAL PHYSICALLY FITTO PARTICIPATE IN R WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS (when no is given state cause)	AIDS AND APPREHENSION OF CRIMINALS
FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards,	when necessary)
	2
	A CONTRACT OF THE CONTRACT OF
The state of the s	R. L. Mien
DATE OF EXAMINATION 6-22-51	B. L. OWEN, LTJG, MC, USNR



United States Department of Justice

United States Attorney
Southern District of New York
United States Court House
Foley Square
New York 7, N. Y.

PX

June 22, 1951.

Dear Edgar,

EDWIN TULLY

I write in reply to two letters from you, the first dated February 8, 1951, after the conviction of William Walter Remington, and the second dated March 30, 1951, after the convictions of the Rosenbergs, Morton Sobell and David Greenglass. I should have written to you sooner. In fact, I intended to even before hearing from you. The intense activity in this District, with which you are so familiar, including my own involvement in courtroom activities within the past several months - and with that, too, you are familiar - are in part the explanation for what might be considered unforgivable dilatoriness. I hope, nevertheless, that you will accept my explanation.

At the outset, I acknowledge with full pride and gratitude your commendatory observations about me and my work. These are not first occasions for your plaudits to me and I say frankly that nice things about one, particularly from you, are not at all hard to take. I only hope that your estimation of me may continue.

You say in your letter of March 30th that the Rosenberg case "is truly a sterling example of our democratic processes in action and a distinctive achievement to be enrolled in the annals of our American courts' history". My staff and I cheerfully and willingly acknowledge that and eagerly share that tribute with you and the men of the Federal Bureau of Investigation. They worked the same nights and Saturdays and Sundays and holidays with us. They did so when getting the evidence before the trials and we also had the benefits of their views and their judgments as we went along. The feeling of mutual high regard between my office and the Bureau, especially the New York Field Office headed by Ed Scheidt, is a commonplace. The convictions are the products of this fine relationship. As you know, our joint work is continuing, particularly in similar fields. Both you and I may be reassured in the knowledge that our activities in the future will be performed in the same spirit of mutual cooperation and understanding as has prevailed heretofore.

21/127 1951



Honorable J. Edgar Hoover.

June 22, 1951.

I want to convey to you for record purposes my deep appreciation of the unstinting and unselfish contribution of Special Agent in Charge Edward Scheidt and Assistant Special Agent in Charge William M. Whelan. Their fine attitude, not only in these cases but in all our relations, are a continuing source of satisfaction and pleasure. Each of the following members of the Bureau made a valuable and significant contribution in the respective cases, as indicated. Your detailed reports show the respective parts which they played. The result is a composite of their individual and collective high qualities.

#### United States v. Remington

New York Office:

William M. Whelan, Assistant Special Agent in Charge

T. J. McAndrews, Supervisor

Special Agents: Lawrence H. Bracken

John A. Broderick John J. Danahy Francis J. Gallant Joseph T. Genco James P. Martin Carl A. Rood James W. Ryan

James E. Tierney Roy J. Barloga

Washington Field Office:

Special Agents: Robert Horner Charles W. Lyons

Julius Mattson

Boston Office:

Special Agent Frederick Connors

Knoxville Office:

Special Agent John A. Parker

Newark Office:

Special Agent James Higdon

#### United States v. Rosenberg, et al.

Special Agents: Vincent J. Cahill Maurice F. Corcoran Leo H. Frutkin John A. Harrington Richard T. Hradsky James P. Lee John W. Lewis William F. Norton James T. O'Brien

Rex I. Shroder' Charles P. Silverthorn Robert L. Stevenson Edwin Tully Gerald J. Van Dorn Joseph C. Walsh

Honorable J. Edgar Hoover.

June 22, 1951.

#### United States v. Rosenberg, et al. (cont.)

Miami Office:

Special Agents: Edward Mason Vincent Antel

I want to add a special word of commendation for the fine work of John Speaks, Edward Sweet and John Creeden, serving as legal attaches in Mexico City, Mexico. In the case against Sobell, there were some highly sensitive aspects relating to the defendant's flight to Mexico and his return. I felt it necessary, before the commencement of the trial, to look into the situation myself. During this visit and in the course of my activities and those of my Confidential Assistant Roy M. Cohn, whose work took him to Vera Cruz and Tampico, we were afforded the most valuable and effective help. What is more, they were personally congenial and sociable, making our stay there delightful.

Finally, in closing, I restate my oft-repeated expressions of appreciation for all the nice things you have kept saying about me, for all the fine help that you have afforded to me, including the occasions when my work has taken me away from my office.

Fith renewed expressions of my high esteem and affection for you, I remain,

Sincerely, /s/ Irving

Honorable J. Edgar Hoover Director Federal Bureau of Investigation Washington, D. C.

#### PERSONNEL WRITE-UP

NAME:

EDWIN R. TULLY

TITLE:

SPECIAL AGENT

EOD:

1/4/43.

SATARY:

GS 12, \$6,800.00

PREFERENCE: (1) New York City (2) New Haven (3) Los Angeles

EXAMINATION:

98.75

DICTATION: Excellent

SAC SCHEIDT Supervisor RobertR. Granville.

> Special Agent Edwin R. Tully is presently assigned to Internal Security-R and Espionage-R section of this office where he is working primarily on major espionage cases, principally investigations arising from the SOVME case. He is clean-cut, mature in appearance, exercises sound, mature judgment, and evidenced the ability to handle complicated investigations. He possesses initiative and resourcefulness, and has a thorough understanding of Bureau procedures and policies.

#### STATUS

SA Tully is one of the better agents in Grade GS-12 and is rated as Satisfactory.

INSPECTOR NAUGHTEN Interviewed By J. B. Greene

I concur. This Agent is #16 on the New York Office Letter re Personnel Advancement, 1951. He is available and interested in advancing in the Bureau Service. He has had a good career in the service. He is recommended for transfer to SOG as Supervisor.

D. A. AUG 2 1958

INSPECTION REPORT NEW YORK OFFICE INSPECTOR NAUGHTEN June 12, 1951

153

0 Mr. Edwin R. Tully Federal Rureau of Investigation Hew York, Hew York

Dear Mr. Tully:

As you are eware, today marks the anniversary of your completion of ten years of service in the Federal Bureau of Investigation. Sot only do I wish to extend my hearty congratulations to you on this occasion, but in addition, I am very pleased to present to you the anclosed Ten-Year Service Award Key.

This key has a very particular significance and the various details included in it likewise help describe the meaning of the ten years of devoted work which the key represents. The sword expresses will tent spirit, replete with browery and a willingness to fight for the ideals of the Bureau; the scales signify equality and justice; the disc reflects a unity of the purpose to maintain the ideals and goals of the Aureau. The key itself connotes protection and security.

I hope you will take pride in mearing this key as a symbol of the best traditions of the bureaus. This key has a very particular significance

With boot wishes 28 1951

Sincerely,

Eno 1 Harol 9 7 4 cc - SAC, New York Mr. Faulkner

NPC: wjj

Belmont

AUG 16 1951

December 28, 1951

ALPHABETICAL

fir. Edwin R. Tully Federal Bureau of Investigation Hew York, New York

Dear Ar. Tully:

Your headquarters are being changed, public business permitting, to

Hew York, Hew York,

effective upon your

Region 1517 is made for official reasons and not primarry for assignment.

your convenience or benefit, or at your request. You will be allowed your necessary expenses of transportation and a per diem in lieu of subsistence of \$9.00 in connection therewith, such expenses to include the transportation of your immediate family as provided for in Public Law 600 of August 2, 1946, and Executive Order 9805, approved November 25, 1946, as amended.

You are authorized to use a privately owned automobile in connection with your transfer and you will be reimbursed at the rate of seven cents per mile not to exceed the cost of common carrier by the most direct route, plus incidental expenses in connection therewith, of all persons officially traveling in that vehicle. Should your dependents travel by privately owned automobile separate and apart from you, mileage at seven cents per mile is authorized under the same conditions as above.

The transportation of your household goods and personal effects will be paid in accordance with regulations contained in Public Law 600 of August 2, 1946, and Executive Order 9805, approved November 25, 1946, as amended.

CC-New York (P) Expedite transfer and advise Bureau by letter within 48 hours earliest date of departure.

Mr. Belmont Agent Tully is to be assigned to the Espionage Unit.

Miss Skinner This Agent is to be assigned to the Espionage Unit of the Domestic Intelligenceubavision.

Mrs. Wackerman Mr. H. L. Edwards Miss Usilton WSH: eme

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DEC 28 1951

COMM - FB

John Edgar Hoover Director

Ce Moover







### UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C.

12.26-51

TO: CHIEF CLERK

Prepare the necessary orders transferring the following Special Agents. Departure of Agents to new offices of assignment should be expedited.

6 devin R. Drelly new york - Damestic Det. Det.

Experite Agarture.

on ce. to Fr. Bremont: So be assegned
Expromaign Unit

OFFICE OF THE ASSOCIATE DIRECTOR

Transfer Orders Prepared:

12.3/2/2/

ALPHABETICAL

NOT RECORDED

Jury Villians



eβ

October 8, 1951

SACNew York

REEDWIN R. TULLY
SPECIAL AGENT
General In-Service Course 9/17 t 8/29/51

Dear Sir:

The above-named Special Agent attended the above General In-Service Training Course at the Seat of Government and attained the following grades:

Notebook	•	VG
Examination		91
Double Action Course		86
Practical Pistol Course		95
Shotgun (Skeet)		14
.30 Rifle	;	90
Machine Gun		92

The firearms grades with the exception of the Shotgun Skeet Course should be entered on the individual field firearms training record.

Very truly yours,

John Edgar Hoover

OCT 12 1951

cless / Color R. Color R. Tully New York
| Comm-Fel

OCT - 8 1951

MAILED 20

HIS: hcc

Tele. Room

Gandy\_





AGENT	OFFICES OF PREFERENCE	EXAM	DICTATION ABILITY
STUART, ROBERT J. SULLIVAN, JAMES T. (A) SUTKUS, ALFHONSE J. SUTTHOFF, JAMES R. SWANSON, A. ROBERT SWEENEY, JOHN R. SWIFT, JAMES J. Jr.	MP, OM, DN BS, NH, NY BA CI, SE NY NY, BS NY, NK, PH	97.5 100 100 100 100 100	Excellent
TALBOT, LAWRENCE D.  (A) TALLEY, JAMES A.  *TANGEL, JOSEPH TAYLOR, BERT S. TAYLOR, WILLIAM C. THOMAS, WILLIAM H.  (A) THOMPSON, GASTON C. THOMPSON, MELVIN A. THORPE, PATRICK E. TIERNEY, JAMES E. Jr. TOMASONI, BLAZE J. TRACY, WILLIAM J. TRAVELSTEAD, CHARLES E.  *TROWER, RTHUR J.  (A) TURYN, VICTOR TUTTLE, JOHN F.	BT IP, SL, ME SJ, NY, LA AT, ME, NO SF, LA, WF BA, RH, NF KC, DL, OC PX, AQ, DL NK, NY NY, NH, NK MP, MI NY SI, SL NH NY, NH, LA WF, BA, RH NY, NK, NH	100 97.5 98.75 97.5 97.5 97.5 96.2 100 98.75 97.5	Excellent Excellent Not rated Excellent Not rated Very Good Not rated
(A) VAHEY, EUGENE W. VALENTINE, GEORGE H.  VAN DERVEER, CHARLES  (A) VAN DORN, GERALD J.  VON ECKARDT, HEINRICH  WACNER, JOHN H.  WALLACE, HOWARD H. Jr.,  WALSH, JOSEPH C.  WALSH, JOSEPH C.  WALSH, WILLIAM J.  WANGENHEIM, WALTER A.	NY EU, ÅL CG, CV, SI NY NY NY NY NY NY NY PG, CM, BT NY, NK, NH NY, NK, NH	100 99.4 99 97 96.25 100 100 100 100 97.5	Excellent Very Good Very Good Not rated Excellent Not rated Excellent Very Good Excellent Excellent Excellent Excellent Excellent Excellent Excellent

INSPECTION REPORT NEW YORK OFFICE INSPECTOR T.Z. NAUGHTEN JUNE 15, 1951

JFS:KMB

\* Denotes Personnel Write-Up

O AUG? 1951.

STANDARD FORM NO. C4

### Office Memorandum • United States Government

To : Director, FBI

DATE: 1/28/52

FROM : SAC, New York

SUBJECT: EDWIN R. TULLY

SPECIAL AGENT

Willed

ReNYlet 1/25/52.

It was necessary for doctors to operate on Mrs. Edwin R. Tully today, because complications which had set in in the pregnancy made an operation mandatory.

The Bureau will be advised as soon as it is learned how long it will take Mrs. Tully to recover from the operation and to return home.

WMW:MFB

REGORDED'-89

100-130

20 FE9 18 1952

Standard form no. 64 Office Memorandum UNITED STATES GOVERNMENT DATE: January 2, 1952 Director, FBI SAC, New York SUBJECT: Special Agent Rebulet 12/28/51. and a www five 12.20 This is to advise that SA TULLY will report to the Bureau on February 1, 1952.

FEDERAL BUREAU OF INVESTIGATION PRGENT To: COMMUNICATIONS SECTION. FEBRUARY 5, 1952 Transmit the following message to: SAC, NEW YORK REURHEUO DATED JANUARY THENTY EIGHT. ADVISE BUREAU THE CONDITION OF MRS. EDWIN R. TULLY. HOOVER PKW: BP

SUEUR DE L'ANDE L'ANDE

LE S. OCENARIMENT OF JUSTICE

JOHN UNITARILEUS SECTION

20 FEBFE19992

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Per My fir

Heline !

2-18-52

I certify that I have received the following Government property for official use:

W(S)

Key to Room 1643

READ

8 FEB 21 1952

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE

TO THE ANY WAY. 1952

Edwind R. Tully, SA

# RECEIPT FOR GOVERNMENT PROPERTY FEDERAL BUREAU OF INVESTIGATION OF STATES DEPARTMENT OF JUST E

February 11, 1952

I certify that I have received the following Government property for official use: xeturnedx

1 Supervisor's "anual #76

ALPHABETICAL

READ

13 MAR 5 1952

WRG

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

Edward Tully, SA M

# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

Name of Employee:EDWIN R. TULLY			
		· ·	
	0	Walk 1	
Name of Employee:	EDWIN R. TULLY	<u> </u>	
Where Assigned:	NEW YORK DIVISIO	on sect	PION #6
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Division)	(Section, U	nit)
Payroll Tiţle:	SPECIAL AGENT -	GRADE GS-12	
Rating Period: from	March 31, 1951	to February 8, 19	952
<b>1</b>			
ADJECTIVE RATING:	SATISFACT	fory	Employee's Initials
Muojeoni e minio:	Outstanding, Sati	isfactory, Unsatisfactory	ERT
<b>J</b>	$\mathcal{O}$		
57	2 -0 1-0	()_	
Rated by:	-EDWARD-SCHEEDT	SAC	<u>2/8/52</u>
	TDWARD SOHEIDT Signature	Title	Date '
Reviewed by:	Signature	Title	Date
lun	0000	SISTANT DIRECTOR	FÉB 1 3 1952
Rating approved	Signature	Title	Date
	TYPE OF	REPORT	
		67—	G11 01 - 131
9	( ) Official	( ) Administrative	
	( ) Annual	( ) 60-dày <sub>2</sub>	78 "
	TIO.	( ) Transfer	from Service 11 1902
	•	(x) Special	
- 4 D 1 Q - DE7	1.	(x) Special	
14 FEB 18:352	10		W. IN

#### NARRATIVE COMMENTS

Note: The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth. IN-DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

FEB 14 10 48 AM '52

BRIEFING SECTION

F. B. 1.

U.S.DEPT. OF JUSTICE

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### PERFORMANCE RATING GODP FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Na	ame of Employee EDWIN R. TULLY	Title SPECIAL AGENT
	-	Rating Period: from 3/31/51 to 2/8/52
	RATING GUIDE, AND	CHECK-LIST
An as s So mai	Only those items having pertinent bearing on employee's performance short Rate items as follows:  Outstanding (exceeding excellent and deserving special commendation).  Satisfactory (ranging from good to excellent but not sufficient to rate outstar Unsatisfactory.  No opportunity to appraise performance during rating period. The index of determining adjective rating:  Outstanding rating cannot be justified unless all elements rated are 'plus', and in additional set out below.  The index of the impossible to provide the secure such would presume equal weight for all elements rated. Good judgment to out below.	nding). dition, of course, supporting comments must comply with the requirements
	(1) Personal appearance. (2) Personality and effectiveness of his personal contacts. (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).  (4) Physical fitness (including health, energy, stamina). (5) Resourcefulness and ingenuity. (6) Forcefulness and aggressiveness as required. (7) Judgment, including common sense, ability to arrive at proper conclusions; ability to define objectives. (8) Initiative and the taking of appropriate action on own responsibility. (9) Planning ability and its application to the work. (10) Accuracy and attention to pertinent detail. (11) Industry, including energetic consistent application to duties. (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and 'know how' of application. (14) Technical or mechanical skills. (15) Investigative ability and results:  (a) Internal security cases (b) Criminal or general investigative cases (c) Fugitive cases (d) Applicant cases (e) Accounting cases (16) Physical surveillance ability.	(17) Firearms ability. (18) Development of informants and sources of information. (19) Reporting ability:  (a) Investigative reports (b) Summary reports (c) Memos, letters, wires (Consider:conciseness;clarity;organization;thoroughness;accuracy;adequacy and pertinency of leads;administrative detail.)  (20) Performance as a witness. (21) Executive ability: (a) Leadership (b) Ability to handle personnel (c) Planning (d) Making decisions (e) Assignment of work (f) Training subordinates (g) Devising procedures (h) Emotional stability (ii) Promoting high morale (iii) Getting results  (22) Ability on raids and dangerous assignments: (23) Organizational interest, such as making of suggestions for improvement. (24) Ability to work under pressure. (25) Miscellaneous. Specify and rate:
A.	Specify general nature of assignment during most of rating period (such as sector, etc.):	urity, criminal, applicant squad, or as resident Agent, supervisor, instruc-
	Security	
B.	Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):	
C.	(1) Is employee available for general assignment wherever needs of service require? Yes It answer is not 'yes', explain in narrative comments.) (2) Is employee available for special assignment wherever needs of service require? Yes answer is not 'yes', explain in narrative comments.)	
D.	Has employee had any abnormal sick leave record during rating period? No_ (If so, explain in narrative comments.)	
	ADJECTIVE RATING: SATISFACTORY	ERT

Outstanding, Satisfactory, Unsatisfactory

EDWIN R. TULLY SPECIAL AGENT SPECIAL EFFICIENCY REPORT

This special efficiency report is being submitted in view of Agent Tully's transfer to the Seat of Government.

Special Agent Edwin R. Tully EOD Bureau January 4, 1943. He arrived in the New York Division on November 14, 1946 and is presently in Grade GS-12.

During the rating period SA Tully has been assigned to the Internal Security-R and Espionage-R section of this office and in particular has been handling some of the major aspects of the Soyme investigations. He has demonstrated administrative and supervisory ability in the manner in which he has carried out his assignment, has exercised good judgment and is a tenacious, thorough investigator. Agent Tully has a thorough understanding of the Soyme espionage systèm. He operates with a minimum of supervision.

This agent is physically qualified to handle any duties requiring arduous physical exertion and to participate in raids and dangerous assignments involving the use of firearms and defensive tactics.

Agent Tully has not had occasion to testify during the rating period; however, during the past he has testified in Federal District Court, before U.S. Commissioners and Federal Grand Jury. From his general appearance and demeanor I believe he would make a very creditable impression as a Bureau representative on the witness stand.

By letter dated April 10, 1951, SA Tully was commended by the Bureau for the manner in which he carried out his duties relative to the espionage case involving Julius Rosenberg and others.

Agent Tully is a loyal, hard-working, conscientious Bureau employee definitely rated SATISFACTORY with those agents in Grade GS-12.

STATES GOVERNMENT DATE: February 11, 1952 : Director, FBI TO SAC, New York FROM CONFIDENTIAL SUBJECT: EDWIN R. TULLY: SPECIAL AGENT Transmitted herewith are the Field Personnel File, Firearms
Record Card and Duplicate Property Record Card FD-10 pertaining
to the above named employee who has been transferred the Seat of Government. SA TULLY has no delinquency in scientific training for 1951 but has not as yet received any such training in 1952. Enclosures - 3 REGISTERED MAIL ES:SLM FE3 12 KNCL 21 FEB 20 1952. File 13 inc

#### ice Memorandum UNITED STATES GOVERNMENT

THE CHIEF CLERK FROM :

MR. A. H. BELMONTOP/K

SUBJECT:

EDWIN R. TULLY SPECIAL AGENT

EOD BUREAU: October 20,

GS 12 \$7440.

ebruary 11, 1952

Harbo Belmont Tele. Roo

The above-captioned employee reported to the Domestic Intelligence Division on February 11, 1952, and has been assigned to Supervisory duties in the Espionage Unit of the Security Section.

A report relative to his progress will be submitted at the expiration of 60 days.

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121

AHB:mer

CC: Mr. Ladd .

Mr. Branigan

Mr. Gregg

Mr. Seyfarth

Communications Section 1937

Movement Section

Office Memorandum UNITED STATES COVERNMENT Director, FBI TO. 45 FROM SAC, New York SUBJECT: EDWIN R. TULLY SPECIAL AGENT ReNYlets 1/25/52 and 1/28/52In view of the fact that Mrs. Edwin R. Tully has returned home from the hospital and is now recuperating, SA Tully will report to the Bureau at 9:00 A. M., Monday, 2/11/52. ERT: MFB

STANDARD FORM NO. 64

## Office Memoranai.

STATES GOVERNMENT

TO

Director, FBI

FROM

SAC, New York

SUBJECT:

EDWIN R. TULLY

SPECIAL AGENT

DATE: 1/25/52

and & sliv fine 12-28

This office advised the Bureau by letter 1/2/52 that SA Edwin R. Tully would report on transfer to the Bureau 2/1/52. This is to advise that there may be a slight delay in SA Tully's reporting. Mrs. Tully, who is expecting a baby later in the year, was ordered to the hospital by the doctor last evening, 1/24/52. The doctor feels that within a very few days he will be able to determine whether or not existing complications will clear up.

The Tullys have two small children. In view of the Eact that Mrs. Tully is presently in the hospital, it is recommended that SA Tully not report to the Bureau until Mrs. Tully neturns home. At the present time, it is not expected that this matter will delay SA Tully's departure more than, possibly one or two weeks.

WMW: MFB

Les. Cept. of Mount

8 04 5 3 10

II MAR 5



### Anited States Department of Iust Vederal Bureau of Investigation Washington, D. C.



Director Federal Bureau of Investigation United States Department of Justice Washington, D. C.

Dear Sir: -

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Chief Clerk of the FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Chief Clerk of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submitta recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Chief Clerk, directing him to pay to the designated beneficiary the sum of \$10,000. The following person is designated as my beneficiary for FBI Agents! Theurance Fund:

Name MILDRED M. IULLY Relationship WHE Date 4	<u>-11-5</u> 2
Address 7337 Hawshorn & St. Hyattsville, Ind.	<del> </del>
The following person is designated as my beneficiary under the Chas. S. Fund providing \$1500 death benefit to beneficiary of agents killed in line of dut	v. 🐼
	11-52 Marin 1
Address 7337 Hawkome St. Lyattsville, Md	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
APR 19: 1952 Very truly yours, O	3/ Bal
Column R. Vully Special Agent	
S APR 21 1952 /	•

#### March 7, 1952

The Chesapeake and Potomac Telephone Company 4313 Gallatin Street Hyattsville, Maryland

#### Gentlemen:

Mr. Edwin R. Tully, a Special Agent of the Federal Bureau of Investigation, is requesting that a telephone be installed in his residence, 7337 Hawthorne Street, Kent Village, Hyattsville, Maryland.

Inasmuch as Mr. Tully is connected with the Federal Bureau of Investigation, and his services are essential for public safety, it is necessary that telephone service be afforded him. This letter, therefore, should be considered as a certificate of necessity.

Very truly yours,

John Edgar Hoover Director

LK Ja.

Clegg, Clavin

> Count-ful Mag = 1 1837 1325Mileo 20

ALPHABETICAL

MAR 11 1952

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REPORT OF PERFORMANCE RATING

Myselford

	$EDWIN$ , $R$ . $O_T$	นร์กัซ	1	Mhor	
Name of Employee:	DD HI H , At 6 I	J.11111			
Where Assigned:	Domestic I	ntelligence	Securit	ty - Espior	nage
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Payroll Title:	Special Age	ent, GS-12	,	*	·
Rating Period: from _	April 1, 19	951 to	March 3	31, 1952	· · · · · · · · · · · · · · · · · · ·
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Rated by:  Reviewed by:  Rating approved by:	Signature  Signature  Signature	ment	Unit Chief Title Assistant Di	rector Mo	2h 31, 1952 Date arch 31, 1952 Date 1 9 1952
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#### NARRATIVE COMMENTS

Note:

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

8h: 1 11

(For use as attachment to Performance Rating Form No. 'FD-185)

Name of Employee EDWIN R. TULLY	Title Special Agent, GS-12
	Rating Period: from <u>4/1/51</u> to <u>3/31/5</u> 2
RATING GUIDE AND CHE	CK-LIST ·
Note: Only those items having pertinent bearing on employee's performance should have a set out below.  Outstanding (exceeding excellent and deserving special commendation).  Satisfactory (ranging from good to excellent but not sufficient to rate outstanding Unsatisfactory.  No opportunity to appraise performance during rating period.  Guide for determining adjective rating:  An 'Outstanding' rating cannot be justified unless all elements rated are 'plus', and in addition as set out below.  So far as 'Satisfactory' and 'Unsatisfactory' ratings are concerned, it is impossible to provide a marks because such would presume equal weight for all elements rated. Good judgment muslight of the elements rated. All minus marks must be supported by narrative detail, and of coset out below.	of course, supporting comments must comply with the requirements
(2) Personality and effectiveness of his personal contacts.  (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).  (4) Physical fitness (including health, energy, stamina).  (5) Resourcefulness and ingenuity.  (6) Forcefulness and aggressiveness as required.  (7) Judgment, including common sense, ability to arrive at proper conclusions; ability to define objectives.  (8) Initiative and the taking of appropriate action on own responsibility.  (9) Planning ability and its application to the work.  (10) Accuracy and attention to pertinent detail.  (11) Industry, including energetic consistent application to duties.  (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.  (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and 'know how' of application.  (14) Technical or mechanical skills.  (15) Investigative ability and results:  (a) Internal security cases  (b) Criminal or general investigative cases	(17) Firearms ability.  (18) Development of informants and sources of information.  (19) Reporting ability:  (a) Investigative reports (b) Summary reports (c) Memos, letters, wires (Consider:
B. Specify employee's most noteworthy special talents (such as investigator, desk man, respectively man - Investigator	search, instructor, speaker):
<ul> <li>C. (1) Is employee available for general assignment wherever needs of service require? Ye</li> <li>(2) Is employee available for special assignment wherever needs of service require? Ye</li> </ul>	(If answer is not 'yes', explain in narrative comments.)
D. Has employee had any abnormal sick leave record during rating period? No (If so, e	xplain in narrative comments.)
ADJECTIVE RATING: Satisfactory	ERT
Outstanding Satis	factory 'I Insatisfactory

#### EDWIN R. TULLY SPECIAL AGENT, GS-12

Agent Tully entered on duty with the Bureau as a Special Agent on January 4, 1943. During the rating period he was assigned to the New York Office until his assignment to the Espionage Unit of the Domestic Intelligence Division on February 11, 1952. Accordingly, this is a joint annual and sixty-day performance rating.

The SAC of the New York Office commented that during the rating period Agent Tully had been assigned to the Internal Security - R and Espionage - R Section of that office and in particular had handled some of the major aspects of the Soume investigations. He has demonstrated administrative and supervisory ability in the manner in which he has carried out his assignment. The SAC stated that Agent Tully had exercised good judgment and is a tenacious, thorough investigator. He has a thorough knowledge of the Soviet espionage system and operates with a minimum of supervision.

He was commended by letter dated April 10, 1951, for the exemplary, competent and thorough manner in which he carried out his duties in the espionage case involving Julius Rosenberg and others.

Since his arrival in the Espionage Unit he has been assigned to the supervision of investigations involving Soviet officials, couriers and their contacts. He took over this desk during the period of an intensification program for expanded coverage of Soviet officials. He has made a rapid adjustment to his new-position. Utilizing his excellent background to sound advantage, he has demonstrated his capacity to handle the most complex investigative matters and to produce a large volume of work.

Agent Tully is rated as an excellent dictator. He has a practical approach and his correspondence indicates a keen comprehension of the over-all objectives of the investigations assigned to him. He readily accepts and discharges responsibility. He is able to grasp the essential elements of his day to day problems with considerable facility and to resolve them with sound judgment.

This Agent is in good physical condition and is capable of handling dangerous assignments and those requiring strenuous physical exertion.

SA Tully has an excellent attitude and gives unstintingly of his time outside regular work hours to get the job done.

He is entitled to a rating of "Satisfactory."

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TO U. S. GOVERNMENT PRINTING OFFICE 1-1950-

PROM: A. H. BELMONT

**a 0** 

DATE: June 9, 1952

EDWIN R. TULLY SPECIAL AGENT GS-12

Entered on Duty - January 4, 1943

This Agent has been assigned to the Espionage Unit since February 10, 1952. He is presently supervising Soviet espionage investigations. Agent Tully has a good experience in security matters and has shown very satisfactory adjustment as a Bureau Supervisor. He presents an excellent personal appearance. It is not considered that he is presently capable of handling the duties of an Assistant Special Agent in Charge. In view of the limited amount of administrative experience it is recommended that he be given further training in his present assignment.

Agent Tully has indicated that he is interested in being considered for assignment as an ASAC. He noted that he has had little administrative experience.

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CC-270 RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS (1-1-50)FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE AGE 32 YEARS: 46 MONTHS NAME TULLY, Edwin R. NATIVITY(state of birth) N.Y. MARRIED, SINGLE, WIDOWED: Married NUMBER OF CHILDREN 2 FAMILY HISTORY Mother-deceased, pneumonia HISTORY OF ILLNESS OR INJURY UCD Tonsillectomy 1926 HEAD AND FACE EYES: PUPILS (size, shape, reaction to light and distance, etc.) DISTANT VISION RT. 20/ 20 , corrected to 20/ LT. 20/ 20: , corrected to 20/ COLOR PERCEPTION Normal ACC 1940 (state edition of Stilling's plates of Lamps used)

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#### August 21, 1952

#### PERSONAL AND CONFIDENTIAL

Mr. Edwin R. Tully Federal Bureau of Investigation Washington, D. C.

Dear Mr. Tully:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Bethesda, Maryland, on August 5, 1952.

This report reflects that you have no disqualifying physical defects.

The Board of Examining Physicians of the United States Naval Hospital reports that you are capable of performing strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

1. Ee. alloover

John Edgar Hoover Director

CC; Mr. Belmont (P&C)

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RECEIVED PAIL ROOM
TO STATE OF JUSTICE
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# Mashington, A. C.



Director Federal Bureau of Investigation United States Department of Justice Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Chief Clerk of the FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Chief Clerk of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Chief Clerk, directing him to pay to the designated beneficiary the sum of \$10,000. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

201101,212413 201 222 1180110	s ruparanico raina	1		
Name MILDRED N	1. TULLY	Relationship		<u>12-15-5</u> 2
Address 7337 HAWT	TO SMAOT	HYATTSVILLE,	MD.	
The following portion of the fund providing \$1500 death	rson is designate benefit to benef	d as my beneficiary iciary of agents kil	under the Chas.	. S. Ross.
Name MILDRED MI	TULLY	Relationship W	JE Date 1	2-15-12
Address 7337 Hav	thome S	8. Hyatts	<b>\</b> 1	d.
DEC 3 1 1952		Very truly your	rs, 🔿	RECORDED INC
83-		Special Agent	2. Tulle	1

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#### RECEIPT FOR GOVERNMENT PR FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

I certify that I have fellippe the following Government property for official use:

Key to Room #1643

Ghe Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MULTILATE IT IN ANY WAY.

RECORDED-IS Edwin R. Tully, SA



### RECEIPT FOR GOVERNMENT PROPERTY FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

10-25-52

I certify that I have received the following Government property for official use:

Key to room # 2710 333

#### READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MULTILATE IN IN AND WAYS 2

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## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

9-22-	52	
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I certify that I have received the following Government property for official use:

New Commission Card with case # \_\_\_5133

RETURNED

Old. Commission Card with case # \_\_\_5133

#### READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

66 SEP 25 1952

WRG Very truly yours, Edwin R. Tully bill Special Agent STANDARD FORM NO. 64 -

Memorandum • United States Government

TO

A. H. BELMONE

DATE:

January 30, 1953

FROM

w. a. branigan Walds

SUBJECT:

SPECIAL AGENT EDWIN R.

ESPIONAGE SECTION

DOMESTIC INTELLIGENCE DIVISION

#### SYNOPSIS:

Agent Tully EOD Bureau 8-20-41 as Clerk and 1-4-43 as Special Agent. Completed 10 years service as Agent 1-4-53. Reallocated to GS-12 on 11-16-47. On annual performance ratings rated "Excellent" in 1950 and "Satisfactory" in 1951 and 1952. Available for general and special assignment and capable of handling dangerous assignments. Commended by letter 4-10-51 for performance in Julius Rosenberg espionage case. No administrative action in past 3 years. He has excellent record in Bureau and has effected an above-average adjustment to duties of Bureau Supervisor. Overtime record past three months above average. In view of completion 10 years service as Agent, recommended he be reallocated to GS-13 as soon as Bureau promotional policy will permit.

#### PURPOSE:

To recommend that Agent Tully be reallocated to GS-13 as soon as Bureau promotional policy will permit.

#### BACKGROUND:

Agent Tully EOD Bureau 8-20-41 as a Clerk and on 1-4-43 as a Special Agent. He completed 10 years service as an Agent on 1-4-53. He was reallocated to GS-12 on 11-16-47.

On his annual performance ratings he was rated "Excellent" in 1950, and "Satisfactory" in 1951 and 1952. He is in good physical condition and it is felt he is capable of performing on dangerous assignments as well as those requiring arduous physical exertion. He is available for general and special assignment wherever the Bureau may desire.

He was commended by letter 4-10-51 for his performance in the espionage case involving Julius Rosenberg and others. He has not been the subject of administrative action during the past three years.

Agent Tully has an excellent record with the Bureau. he has been assigned to the Espionage Section, supervising cases involving investigations of Soviet Embassy personnel. He has utilized an excellent background in security work to distinct advantage in effecting an aboveaverage adjustment to the duties of a Bureau Supervisor. He is level headed 1953 energetic and industrious. FEDERAL BUREAU OF INVESTIGATION

SBD:GAS

98

Agent Tully presents an excellent personal appearance. He is loyal to the Bureau and has demonstrated his willingness to carry his share of the work load. His overtime average for December, 1952, was 2 hours and 41 minutes; for November, 1952, 1 hour and 53 minutes; and for October, 1952, 2 hours and 12 minutes.

#### RECOMMENDATION:

It is recommended Agent Tully be considered for reallocation to GS-13 as soon as the promotional policy of the Bureau will permit.

no action at their time per Ex. Conformers 9/17/52

All Care



### RECEIPT FOR GOVERNMENT PROPERTY FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

3-19-53

I certify that I have received the following Government property for official use:

Rey to Room 2710 √ 1999

112 READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it, and returning it when its use has been completed AIDQ MOTGARK OR WRITE ON IT OR MULTITATE IT IN ANY WAY.

VIRGORDED-12

VERY Truly yours.

Edwin R. Tully, SA July

#### fice Memorandum • UNITED STATES GOVERNMENT

A. H. BELMONT TO

March 23, 1953 DATE:

FROM

W. A. BRANIGAN

SUBJECT:

EDWIN R. TULLY

SPECIAL AGENT, GS-12 ESPIONAGE SECTION

DOMESTIC INTELLIGENCE DIVISION

It is recommended that Special Agent Tully be reallocated to the Grade of GS-13.

| ENCLABLE
WAB: GAS

RECORDED.

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12 Mag 24 1953 FEDERAL BUREAU OF INVESTIGATION

# DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

			Wille	
	Λ			•
Name of Employee: _	EDWIN R. TULLY			
	<b>≠</b>			_
Where Assigned	: <u>Domestic Intelligence</u> (Division)	ce Secu		
	,	0	(Section, Unit)	
Payroll Title: _	Special Agent, GS-12	3	* ,	
Poting Poulad.		4.5	16 nob 21 70	59
Rating Period: fro	om April 1, 1952	to	March 31, 19	00
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				•
ADJECTIVE RATIN	NG:SAT.	ISFACTO	DRY	Employee's Initials
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•	8 0 0			
Rated by:	W. a. Aroning an		ection Chief	<u>3-31-53</u>
	Signature		Title	Date
Reviewed by:	CHV gelminh	As	ssistant Direct	
	Signature Ol	avis	Title	Date
Rating approved by:		fisterel	Suranu et luvestigation	MAR 2 6 1953
·	Signature ( )		Title	Date
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#### NARRATIVE COMMENTS

Note: The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.



(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee <u>FDWIN</u> R. TULLY	Title Special Agent, GS-12
2 minutes of Disproyee	Rating Period: from 4-1-52 to 3-31-53
	RATING GUIDE AND CHECK-LIST
Rate items as follows:  Outstanding (exceeding excellent and deserving Satisfactory (ranging from good to excellent but Unsatisfactory.  No opportunity to appraise performance during Guide for determining adjective rating:  An 'Outstanding' rating cannot be justified unless all eleme as set out below.	t not sufficient to rate outstanding).
+ (1) Personal appearance. + (2) Personality and effectiveness of his personal + (3) Attitude (including dependability, cooperative enthusiasm, amenability and willingness share work load).  (4) Physical fitness (including health, energy, st. (5) Resourcefulness and ingenuity.  (6) Forcefulness and aggressiveness as required conclusions; ability to define objectives.  (8) Initiative and the taking of appropriate action responsibility.  (9) Planning ability and its application to the wind its including energetic consistent application.  (11) Industry, including energetic consistent application of acceptable and rate of progress on or completion of consider adherence to deadlines unless attributable to causes beyond employee's of the consider adherence to deadlines unless attributable to causes beyond employee's of the consider adherence to deadlines unless attributable to causes beyond employee's of the consider adherence to deadlines unless attributable to causes beyond employee's of the consider adherence to deadlines unless attributable to causes beyond employee's of the consider adherence to deadlines unless attributable to causes beyond employee's of the consider adherence to deadlines unless attributable to causes beyond employee's of the consider adherence to deadlines unless attributable to causes beyond employee's of the consider adherence to deadlines unless attributable to causes beyond employee's of the consider adherence to deadlines unless attributable to causes beyond employee's of the consider adherence to deadlines unless attributable to causes beyond employee's of the consider adherence to deadlines unless attributable to causes beyond employee's of the consideration.  (13) Knowledge of duties, instructions, rules and cluding readiness of comprehension and cluding readiness of comprehension and cluding readiness.  (14) The consideration of the consideration	(19) Reporting ability:
Desk_Man	(such as investigator, desk man, research, instructor, speaker):
C. (1) Is employee available for general assignment when (2) Is employee available for special assignment when	nerever needs of service require? <u>Yes</u> (If answer is not 'yes', explain in narrative comments.) erever needs of service require? <u>Yes</u> (If answer is not 'yes', explain in narrative comments.)
D. Has employee had any abnormal sick leave record	during rating period? No_ (If so, explain in narrative comments.)
ADJECTIVE RATING:	SATTSFACTORY Outstanding, Satisfactory, Unsatisfactory

#### EDWIN R. TULLY SPECIAL AGENT, GS-12

During the rating period Agent Tully has been assigned to the supervision of espionage and internal security investigations of Soviet officials and their establishments. On March 16, 1953, Agent Tully was reassigned to the supervision of espionage investigations which are predicated on Bureau. Source 5 material.

This Agent has a good investigative experience in security work which he utilizes to good advantage. He is enthusiastic about his assignments and has displayed excellent initiative and agressiveness in the discharge of his responsibilities.

Agent Tully is a conscientious employee who applies himself with due diligence. His attitude is very favorable and he has willingly contributed of his own time without regard to personal convenience in order to promote the work in the Espionage Section. This Agent makes an excellent personal appearance and has a friendly personality with the ability to favorably impress those with whom he is in contact. He is sincere and straightforward. It is considered that he has the capability for development to positions of greater responsibility.

This Agent can and regularly does handle the more complicated investigative matters. He is in good physical condition and has no impediments which would impair his use of firearms or limit him on dangerous assignments.

By his performance, Agent Tully is entitled to a rating of Satisfactory.

BRT







March 30, 1953

Mr. Edwin A. Tully Federal Bureau of Investigation Washington, D. C.

Dear Mr. Tully:

I am indeed pleased to advise you that you have been promoted from the position of Special Agent, \$7640 per summa in Grade GS 12, to the position of Special Agent, \$8360 per summa in Grade GS 13, effective March 29, 1953.

For your information, this promotion is temporary in accordance with Public Law 2843, approved September 27, 1950.

Sincerely yours,

J. Edgar Hoover

John Edgar Hoover Director

CC: Mr. Belmont (PERSONAL ATT NTION)
CC: Miss Usilton
CC: Movement Section

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April Same

### Office Memorandum • United States Government

: Mr. Glavin

3-26-53 DATE:

FROM: H. L. Edwards pin w str

SUBJECT: EDWIN RAYMOND TULLY

Special Agent

Domestic Intelligence Division

RE: REALLOCATION

SA Tully entered on duty 8-20-41 as a Clerk, on 1-4-43 he was appointed to the position of Special Agent and he has been in Grade GS-12 since 11-16-47. His service as an Agent has been uninterrupted and he is being considered for Grade GS-13 reallocation on the basis of 10 years of service.

On 6-10-43 he was CAUTIONED for the unsatisfactory manner in which he conducted an investigation relative to an applicant for a position in the Office of Emergency Management. It was the opinion of the Bureau that he exercised poor judgment in contacting the maid of an individual who was under investigation, as he should know that it was necessary to keep the investigation in a confidential status. It likewise appeared that during the course of the investigation he asked the maid a number of questions personal habits which obviously had no bearing on the concerning \_ This matter was called to the Bureau's attention by Mr. James Rowe, Jr., The Assistant to the Attorney General who commented that the investigation was conducted in a "sloppy manner." On 7-12-43 he was CENSURED and suspended for three days in view of the fact he lost his wallet containing a Government Transportation Request Book, a book of Tax Exemption Certificates and a Tax Exemption Identification Card which had been issued to him.

Letters of COMMENDATION were directed to him on 4-29-46 and 4-10-51.

On 3-31-49 and 3-31-50 he was rated EXCELLENT and on 3-31-51 he was rated SATISFACTORY in the upper limits. His 1952 annual performance rating was SATISFACTORY and the accompanying comments indicated that he was an above average Agent. On 2-11-52 he was transferred to the Domestic-Intelligence Divis

His overtime for October, 1950, was 25 minutes, for November was 1 hour 43 minutes, for December was 1 hour 53 minutes, for March 1952 was 1 hour 59 minutes, and for August, 1952 was I hour 58 minutes with the state of the state of

On 6-9-52 Mr. Belmont submitted his name in connection with the Bureaut's advancement program and added he had a good experience in security matte and had shown very satisfactory adjustment as a Bureauticaperities of withwas not considered that he was presently capable of handling the duties of an ASAC. In view of the limited amount of administrative experience it was recommended that he be given further training in his present assignment, had indicated that he was interested in being considered for assignment. an ASAC and he noted that he had had little administrative experiences

JIC:pjr/FDA:pjr APR 1 1953

**15.** 

On 1-30-53 Mr. Branigan advised he had an excellent record with the Bureau and he had utilized an excellent background in security work to distinct advantage in effecting an above-average adjustment to the duties of a Bureau Supervisor. His overtime for October, 1952 was 2 hours 12 minutes, for November was 1 hour 53 minutes, and for December was 2 hours 41 minutes. Mr. Branigan recommended that he be reallocated to Grade GS-13 as soon as the promotional policy of the Bureau would permit. No action was taken at that time due to the freeze on reallocations.

On his 1953 annual Performance Rating Mr. Branigan rated him SATISFACTORY and said he had a good investigative experience in security work which he utilized to good advantage, he was enthusiastic about his assignments, and he had displayed excellent initiative and aggressiveness in the discharge of his responsibilities. He was a conscientious employee who applied himself with due diligence, his attitude was very favorable, and he had willingly contributed of his own time without regard to personal convenience in order to promote the work in the Espionage Section. It was considered that he had the capability for development to positions of greater responsibility. He could and regularly did handle the more complicated investigative matters, he was in good physical condition, and he had no impediments which would impair his use of firearms or limit him on dangerous assignments. By separate communication Mr. Branigan recommended his reallocation to GS-13.

RECOMMENDATION: Although this Agent was the subject of administrative action in June and July, 1943, in view of the lapse of time since that action and his other wise satisfactory record, it is recommended that he be reallocated to Grade GS-13, \$8360 per annum at this time.

Jagrafa 1

A PERMANENT BRIEF OF HIS PERSONNEL FILE IS ATTACHED.

#### STANDARD FORM 50 UNITED STATES CIVIL SERVICE COMMISSION OCTOBER 1946

### U. S. DEPARTMENT OF JUSTICE DERAL BUREAU OF INVESTIG. ON WASHINGTON 25, D. C.

FORM APPROVED BUDGET BUREAU NO. 50-BOB Prepared by:

Checked by Filed by NOTIFICATION OF PERSONNEL ACTION 1. NAME (MR. - MISS - MRS. - FIRST - MIDDLE INITIAL LAST)

MR. EOWIN A. TULLY F. B. L. 192 81 This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)

6. EFFECTIVE E 1000 12-41-19 3-07-53 EFFECTIVE DATE 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY PHOTOTON 3-00-50 FROM 8. POSITION TITLE Special Agent 9. SERVICE, GRADE. 05 12 ||7**040 per assu**a id per ecena 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS FIELD FIELD DEPARTMENTAL DEPARTMENTAL FIELD OR DEPT'L 13. VETERAN'S PREFERENCE 14. POSITION CLASSIFICATION ACTION 10 POINT W VICE I. A. REAL. S limit A. Page, Jr. resigned to 10-33-53 Z SUBJECT TO C. S. RETIREMENT ACT (YES-NO) 19. DATE OF OATH 20. LEGAL RESIDENCE 17 APPROPRIATION 15. 16. SEX RACE Same 33 DU/Lef The previsions of the Universal Hilliary Ram Fraining and Service Act of 1951 have been assessment complied with.

Ret This promotion is temporary in accordance with Public Law #843. Approved 9-27-53.

The clossification grade of this position is subject to post-sucht and correction pursuant to Section 20 1210 of as the Supplemental Appropriation Act, 1952 - Public Law #253, approved 11-1-51.

Prom. changed to perm. action est. 9-11-54-P. 763

33 APR 7 1953

SIGNATURE OR OTHER AUTHENTICATION

8. FILE

TU S. GOVERNMENT PRINTING OFFICE - 1984 - 942

TO: MR M. LADD

FROM: MR. A. H. BELMONT

SUBJECT: PERSONNEL ADVANCEMENT

MARCH 20, 1953

DECLASSIFICATION AUTHORITY DERIVED FROM:
FBI AUTOMATIC DECLASSIFICATION GUIDE
DATE 12-21-2011

EDWIN RAYMOND TULLY SPECIAL AGENT, GS-13

Entered on duty - January 4, 1943.

Agent Tully has been assigned in the Domestic Intelligence Division and in the Espionage Section since February 11, 1952. He currently supervises espionage investigations involving Soviet Embassy personnel.

This Agent has very satisfactorily adjusted to supervisory responsibilities. He is conscientious, industrious and very much interested in his assignment. Agent Tully has acquired a thorough knowledge of his duties and exercises good judgment in the supervision of his cases. Agent Tully presents an excellent personal appearance and favorably impresses those with whom he is in contact. There are no limitations on his availability for service.

This Agent has excellent capabilities for further development on a long-range basis. It will be noted that he has had limited supervisory experience and for this reason it is not felt that he is presently capable of immediately assuming the duties of an Assistant Special Agent in Charge. It is felt, however, that the experience he is gaining here is rapidly developing him to a point where he could assume such greater responsibility.

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67-2/1910 - 144

Numbered \_\_\_\_\_

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FEDERAL BUREAU OF INVESTIGATION

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89 APR 14 1953

May 6, 1953

PERSONAL AND GONFIDENTIAL

Mr. Edwin R. Tully Federal Bureau of Investigation Washington, D. C.

Dear Mr. Tully:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Bethesda, Maryland, on April 24, 1953.

This report reflects that you have no disqualifying physical defects.

The Board of Examining Physicians of the United States Naval Hospital reports that you are capable of performing strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

1. Es. Loover

John Edgar Hoover Director

Sucplick Justice

FBI

CC-Mr. Belmont ucreist and wonk

WBH:mfcW

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#### UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent, of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent. I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The following

person	is design	ated as m	y beneficiar	ry for FB	I Agents	Insurance F	und: 🐣 🔭 😁	•
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Special Agent

# Office Memorandum • UNITED STATES GOVERNMENT

SUBJECT: EDWIN R. TULLY (Employee) (Special Agent) OF FERSONNEL STATUS CHANGE  DOMESTIC INTELLIGENCE (Division)  PRESENT ADDRESS AND PHONE KEXKEX  Present address: 7337 Hawthorns-St., Kent Village, Hyat  MARITAL STATUS:  Married to On at  Remarks:  BIRTHS:  Girl named Boy named Ceorge Washington Hos  To employee and Mrs. Mildred  This is their 3rd child.  Remarks: Tt is recommended that a letter of congratulations be se Mr. and Mrs. Tully. Flowers have been sent to Mrs. Tull the Espionage Section.  67-21/900  Searched Numbers: 1	
SUBJECT: EDWIN R. TULLY (Employee) (Special Agent) & FERSONNEL STATUS CHANGE  DOMESTIC INTELLIGENCE (Division)  PRESENT ADDRESS AND PHONE EMERCEX  Present address: 7337 Hawthorne-St., Kent Village, Hyat.  MARITAL STATUS:  Married to On at  Remarks:  Girl named Born on at George Washington Hos  To employee and Mrs. Mildred  This is their 3rd child.  Remarks: It is recommended that a letter of congratulations be se Mr. and Mrs. Tully. Flowers have been sent to Mrs. Tull the Espionage Section.  67—21/906  Searched Numbers: 7	L2-23-53
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Five

Office or Division

1. Are you now or have you ever been a member of, contributed to, affiliated or associated with, any organization listed on the attachment to this certificate?

Answer "Yes" or "No" -

2. If your answer is "Yes" state the name of the organization, dates of membership and extent of participation. An explanation regarding membership in any of these organizations may be attached hereto on a separate sheet of paper, if you desire to explain the circumstances of your membership.

Name

*Address* 

From

To Office Held

#### CERTIFICATION

I hereby certify that the above information is correct and complete to the best of my knowledge and belief. I make this statement with the understanding that it will be used by the Department of Justice in carrying out the provisions of Executive Order 10450 and with knowledge that any false statement or omission of material fact may be sufficient cause for my dismissal or rejection of my application, and, further, may be cause for punishment as a violation of law including Section 1001, Title 18, U. S. Code.

April 12, 1954

(Date)

89APR 27 1954

Edwin R. Tully

67-NOT RECORDED-2





#### March 23, 1954

ORGANIZATIONS DESIGNATED BY THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO EXECUTIVE ORDER 10450.

Abraham Lincoln Brigade Abraham Lincoln School, Chicago, Illinois Action Committee to Free Spain Now Alabama People's Educational Association (See Communist Political Association) American Association for Reconstruction in Yugoslavia, Inc. American Branch of the Federation of Greek Maritime Unions American Christian Nationalist Party American Committée for European Workers! Relief (See Socialist American Committee for Protection of Foreign Born Workers Party). American Committee for the Settlement of Jews in Birobidjan, Ind. American Committee for Spanish Freedom American Committee to Survey Labor Conditions in Europe American Committee for Yugoslav Relief, Inc. American Council for a Democratic Grecce, formerly known as the Greek American Council; Greek American Committee for National Unity American Council on Soviet Relations American Croatian Congress American Jewish Labor Council American League Against War and Fascism American League for Peace and Democracy American Lithuanian Workers Literary Association (also known as Amerikos Lietuvių Darbininkų Literaturos Draugija). American National Labor Party American National Socialist League American National Socialist Party \* American Nationalist Party American Patriots, Inc. American Peace Crusade American Peace Mobilization American Poles for Peace American Polish League American Polish Labor Council American Rescue Ship Mission (a project of the United American Spanish Aid Committee) American-Russian Fraternal Society American Russian Institute, New York, also known as the American Russian Institute for Cultural Relations with the Soviet Union American Russian Institute, Philadelphia American Russian Institute of San Francisco American Russian Institute of Southern California, Los Angeles



American Slav Congress American Women for Peace American Youth Congress American Youth for Democracy Associated Klans of America

Armenian Progressive League of America

Association of Georgia Klans

Association of German Nationals (Reichsdeutsche Vereinigung),

Association of Lithuanian Workers

(also known as Lietuviu Darbininku Susivienijimas)

Ausland-Organization der NSDAP, Overseas Branch of Nazi Party Baltimore Forum

Black Dragon Society

Boston School for Marxist Studies, Boston, Massachusetts Bulgarian American Reople's League of the United States of America

Bridges-Robertson-Schmidt Defense Committee

California Emergency Defense Committee

California Labor School, Inc., 321 Divisadero Street, San Francisco; California

Carpatho-Russian People's Society

Central Council of American Momen of Croatian Descent, Also known as Central Council of American Croatian Women,

National Council of Croatian Women .

Central Japanese Association (Beikoku Chuo Nipponjin Kai)

Central Japanese Association of Southern California Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)

Cervantes Fraternal Society

China Welfare Appeal; Inc.

Chopin Cultural Center

Citizens Committee to Free Earl Browder

Citizens Committee for Harry Bridges

Citizens Committee of the Upper West Side (New York City)

Citizens Emergency Defense Conference

Citizens Protective League

Civil Rights Congress and its affiliated organizations, including:

Civil Rights Congress for Texas

Veterans Against Discrimination of Civil Rights Congress of New York

Columbians

Comite Coordinador Pro Republica Española

Committee to Aid the Fighting South

Committee for Constitutional and Political Freedom

Committee to Defend Marie Richardson

Committee for the Defense of the Pittsburgh Six

Committee for a Democratic Far Eastern Policy

Committee for Nationalist Action

Committee for the Negro in the Arts

Committee for Peace and Brotherhood Festival in Philadelphia

Committee for the Protection of the Bill of Rights

Committee to Uphold the Bill of Rights

Committee for World Youth Friendship and Cultural Exchange Commonwealth College, Mena, Arkansas Communist Party, U. S. A., its subdivisions, subsidiaries. and affiliates. Communist Political Association, its subdivisions, subsidiaries and affiliates, including: Alabama People's Educational Association Florida Press and Educational League Oklahoma League for Political Education People's Educational and Press Association of Texas Virginia League for People's Education Congress of American Revolutionary Writers Congress of American Women Connecticut Committee to Aid Victims of the Smith Act Connecticut State Youth Conference Council on African Affairs Council of Greek Americans Council for Jobs, Relief and Housing Council for Pan-American Democracy Croatian Benevolent Fraternity Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan') Daily Worker Press Club Daniels Defense Committee Dante Alighieri Society (between 1935 and 1940) Dennis Defense Committee Detroit Youth Assembly Emergency Conference to Save Spanish Refugees (founding body of the North American Spanish Aid Committee) Families of the Baltimore Smith Act Victims Families of the Smith Act Victims Rederation of Italian War Veterans in the U. S. A., Inc. (Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America) Finnish-American Mutual Aid Society Florida Press and Educational League (See Communist . Political Association) Frederick Douglass Educational Center Freedom Stage, Inc. Friends of the New Germany (Freunde des Neuen Deutschlands) Friends of the Soviet Union Garibaldi American Fraternal Society George Washington Carver School, New York City German-American Bund (Amerikadeutscher Volksbund) German-American Republican League German-American Vocational League (Deutsche-Amerikanische Berufsgemeinschaft) Harlem Trade Union Council Hawaii Civil Liberties Committee

Heimuska Kai, also known as Nokubei Heieki Gimuska Kai, Zaibel Nihonjin, Heiyaku Gimusha Kai, and Zaibei Heimusha Kai (Japanese residing in America Military. Conscripts Associatión) Hellenic-American Brotherhood Hinode Kai (Imperial Japanese Reservists) Hinomaru Kai (Rising Sun Flag Society -- a group of Japanese War - Veterans) Hokubei Zaigo Shoke Dan (North American Reserve Officers Association) Hollywood Writers Mobilization for Defense Hungarian-American Council for Democracy. Hungarian Brotherhood Independent Socialist League Industrial Workers of the World International Labor Defense International Workers Order, its subdivisions, subsidiaries and affiliates Japanese Association of America Japanese Overseas Central Society (Kaigai Dobo Chuo Kai) Japanese Overseas Convention, Tokyo, Japan, 1940 Japanese Protective Association (Recruiting Organization) Jefferson School of Social Science, New York City Jewish Culture Society Jewish People's Committee Jewish People's Fraternal Order Jikuoku Iinkai (The Committee for the Crisis) Joint Anti-Fascist Refugee Committee Joint Council of Progressive Italian-Americans, Inc. Joseph Weydemeyer School of Social Science, St. Louis, Missouri Kibei Seinen Kai (Association of V. S. Citizens of Japanese Ancestry who have returned to America after studying in Japan) Knights of the White Camellia Ku Klux Klan Kyffhaeuser, also known as Kyffhaeuser League (Kyffhaeuser Bund), Kyffhaeuser Fellowship (Kyffhaeuser Kameradschaft) Kyffhaeuser War Relief (Kyffhaeuser Kriegshilfswerk) Labor Council for Negro Rights Labor Research Association, Inc. Labor Youth League League of American Writers Lictor Society (Italian Black Shirts). Macedonian-American People's League Mario Morgantini Circle Maritime Labor Committee to Defend Al Lannon Massachusetts Minute Women for Peace Maurice Braverman Defense Committee

Michigan Civix Rights Federation Michigan School, of Social Science Nanka Teikoku Gunyudan (Imperial Military Friends Group or Southern California War Veterans) National Association of Mexican Americans (also known as Asociacion Nacional Mexico-Americana) National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in February 1942) National Committee for the Defense of Political Prisoners National Committee for Freedom of the Press National Committee to Win the Peace. National Conference on American Policy in China and the Far East (a conference called by the Committee for a Democratic Far Eastern Policy) National Council of Americans of Croatian Descent National Council of American-Soviet Friendship National Federation for Constitutional Liberties National Labor Conference for Peace National Negro Congress, National Negro Labor Council Nationalist Action League Nationalist Party of Puerto Rico Nature Friends of America (since 1935) . Negro Labor Victory Committee New Committee for Publications Nichibei Kogyo Kaisha (The Great Fujii Theatre) North American Committee to Aid Spanish Democracy North American Spanish Aid Committee North Philadelphia Forum Northwest Japanese Association Ohio School of Social Sciences Oklahoma Committee to Defend Political Prisoners. Oklahoma League for Political Education (See Communist Political Association) Original Southern Klans, Incorporated Pacific Northwest Labor School, Seattle, Washington Palo Alto Peace Club Partido del Pueblo of Panama (operating in the Canal Zone) Peace Information Center Peace Movement, of Ethiopia People's Drama, Inc. People's Educational Association (Incorporated under name Los Angeles Educational Association; Inc.), also known as People's Educational Center, People's University, People's School People's Educational and Press Association of Texas. People's Institute of Applied Religion People's Radio Foundation, Inc. Philadelphia Labor Committee for Negro Rights Philadelphia School or Social Science and Art Photo League (New York City) Political Prisoners' Welfare Committee

Polonia Society of the IWO Progressive German-Americans, also known as Progressive German-American's of Chicago Proletarian Party of America Protestant War Veterans of the United States, Inc. Provisional Committee of Citizen's for Peace, Southwest Area Puertorriquenos Unidos (Puerto Ricans United) Quad City Committee for Peace Revolutionary Workers League Romanian-American Fraternal Society Russian American Society, Inc. Sakura Kai (Patriotic Society, or Cherry Association-composed of veterans of Russo-Japanese War) Samuel Adams School, Boston, Massachusetts Santa Barbara Peace Forum Schappes Defense Committee Schneiderman-Darcy Defense Committee School of Jewish Studies, New York City Seattle Labor School, Seattle, Washington Serbian-American Fraternal Society Serbian Vidoudan Council Shinto Temples Silver Shirt Legion of America -Slavic Council of Southern California Slovak Workers Society Slovenian-American National Council Socialist Workers Party, including American Committee for European Workers' Relief Socialist Youth League: Sokoku Kai (Fatherland Society) Southern Negro Youth Congress Suiko Sha (Reserve Officers Association, Los Angeles) Tom Paine School of Social Science, Philadelphia, Pennsylvania Tom Paine School of Westchester, New York Tri-State Negro Trade Union Council Ukrainian-American Fraternal Union Union of American Croatians Union of New York Veterans United American Spanish Aid Committee United Committee of Jewish Societies and Landsmanschaft Federations, also known as Coordination Committee of Jewish Landsmanschaften and Fraternal Organizations United Committee of South Slavic Americans United Harlem Tenants and Consumers Organization United May Day Committee United Negro and Allied Veterans of America

Veterans of the Abraham Lincoln Brigade

Veterans Against Discrimination of Civil Rights Congress of New York (See Civil Rights Congress) Virginia League for People's Education (See Communist Political Association) Voice of Freedom Committee Walt Whitman School of Social Science, Newark, New Jersey Washington Bookshop Association Washington Committee to Defend the Bill of Rights Washington Committee for Democratic Action Washington Commonwealth Federation Washington Pension Union Wisconsin Conference on Social Legislation Workers Alliance (since April 1936) Workers Party, including Socialist Youth League Yiddisher Kultur Farband Young Communist League Yugoslav-American Cooperative Home, Inc. Yugoslav Seamen's Club, Inc.

12-18-53

T. Dorset

MR. A. H. HELMONT

cc Mr. Baumgardner

Mr. Branigan

Mr. Keay

CORRESPONDENCE SCHOOL December 17, 1953

PURPOSE

To set forth the names of the employees who attended the Correspondence School on December 17, 1953.

DETAILS

ソールジャクリーイン

The following employees attended the above school:

2:00 PM

Liaison -

Internal Security -

Margaret Schwab Mary Novotny

Lola Carter SA J.A. Sullivan

SA J.F. Wacks

Espionage -SA E.H. Stewart

Regina Czysczon Gloria Stomerosky

3:30 PM

Liaison -

Internal Security -

Espionage -

V.P.Keay

SA J.J. Henry

Robert Kelly

SA J.E. Dunn

/ SA E.R. Tully SA E.H. Mossburg

SA H.E. Welborn

Doris Dean

The above is for your information.

TD

## Office Memorandum • united states government

TO

UR. TOLSON VINN

DATE: 12/21/53

FROM :

H. H. CLEGG

SUBJECT:

DELINQUENT MAIL

, SomEsta Intelligence Div

During the morning of December 18, 1953, representatives of the Training and Inspection Division checked the work boxes and file cabinet drawers of ninety-eight Supervisors and Officials for delinquent mail. The following pieces were found:

Assistant Director Tracy had a letter from Mr. It B. Jacobson dated December 12, 1953, received in the Identification Division December 15, 1953, 10:10 a.m. Mr. Jacobson is Chief Special Agent of the Northern Pacific Railroad Company, and his letter concerned the Bureau's policy of accepting fingerprints from employees of the railroad. Mr. Tracy was of the opinion that this matter should be presented to the Executives Conference. The letter was received too late to take to Conference December 1: 1953; there was no Conference on December 16, 1953, but the matter was taken up on December 17, 1953. An answer was typed to accompany the Executives Conference memorandum on December 18, 1953.

Supervisor Edward R. Tully had in his ressession a letter from New York-dated December 3, 1953, re Rubens-Robinson Passport Case, Passports and Visds, Internal Security - R. This letter was received in Domestic Intelligence Division December 9, 1953, at 10:58 2m2 -1 It requested specific instructions from the pureaucapper cerning several subjects in the case. A detailed file review was required before an answer could be given. The Supervisor was of the opinion that the files were requested on either December 10 or 11, 1953. files in the Supervisor's possession indicated that they were pulled December 11, December 16 and December 17, 1953 The files watch were pulled December 16 and 17, 1953, had been on locate. The Supervisor is now in the process of reviewing these files and preparing an answer which he hor to have completed sometime during December 18, 1959. Supervisor Tully also advised that he prepared a memorana. in connection with a matter on the Director's special tickler list concerning Hagry Dexter White on December 16 and 17, 1953.

FHS: ATH Attachment

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FRT STATE

**9** 

Memorandum to Mr. Tolson

Supervisor J. F. Wacks, of the Domestic Intelligence Division, had in his possession a report from SA George A. Van Noy at Heidelberg, Germany, entitled "Cornelius de Wid" (100-347636), which was received in the Espionage Section December 10, 1953, and the report of SA T. P. Scollard, Philadelphia, re (100-384556), which was received in the Espionage Section December 10, 1953. Supervisor Wacks advised that these reports were allowed to become delinquent inasmuch as he has been engaged for the past week in preparing two special memoranda concerning Owen Lattimore and one special memorandum concerning Major Dan B. Reynolds, U. S. Air Force.

b6 b7C

Supervisor D. E. Todd of the Espionage Section had four pieces of delinquent mail in his possession, which are as follows: Report of SA F. J. H. Hoose, Jr. Los Angeles, dated December 2, 1953, entitled was., AEAA"(117-1596), which was received in the Espionage Section December 9, 1953; the report of SA Frank Force at Albuquerque dated November 30, 1953, entitled et al, AEA" (117-153), which was received in the Espionage Section on December 9, 1953; a letter from the Albuquerque Office dated December 3, 1953, re Thermo-Nuclear Weapons Development, Kirtland Air Force Base (117-1616), received in the Espionage Section December 11, 1953; and an air-tel from the Albuquerque Office re Unknown Subject; Alleged Security Violations, Los Alamos Atomic Energy Project (117-1532), which was received in the Espionage Section December 9, 1953. The file was called on December 11, 1953, it has been placed on locate, but has not yet been received. Supervisor Todd stated that he was transferred to the desk which he now handles on December 14, 1953, and on December 15, 1953, he was taken off the matters regularly handled by that desk to aid in a special in connection with the case concerning J. Robert Oppenheimer.

During a check of the mail in the possession of Supervisors assigned to the Alien Enemy Control Unit of the Internal Security Section, Domestic Intelligence Division, it was noted some of the Supervisors checked had delinquent mail in connection with a form used by field offices in reporting Security Index subjects to the Bureau which were to be either

Venorandum to Ur. Tolson

placed on the Security Index or to have certain information changed on cards already prepared. It was ascertained that this was a section problem rather than an individual problem, and that a memorandum is now in the process of being prepared to point out that more time will be required to do a thorough job in reviewing and processing this particular mail than the five days now allotted. Supervisor Joe D. Jamieson, who coordinates all of this mail from the twenty-two Supervisors, advised that on last Wednesday, sixty-one pieces of this type of mail were delinquent. It appears it would be desirable to present this problem to the Associate Director in order that a determination could be made as to whether a more expeditious procedure could be developed in handling work in that Unit.

#### RECOMMENDATIONS:

(1) It is recommended that no administrative action be taken against any of the individuals who had delinquent mail in their possession.

Vigori Mend

(2) It is recommended that the attached memorandum to Messrs. Tolson, Ladd, and Belmont be sent, which calls to their attention the necessity of preventing mail from becoming delinquent.

Mr. Edwin B. Tully Federal Bureau of Investigation Vashington, D. C.

Dear Mr. Tully :

May I take this opportunity to extend to Are. Tally and to you my hearty congratulations on the birth of napr daughter,

I know that you are looking forward to all the foy and happiness your little girl will bring you.

Sincerely.

J. Edgar Hoover

CC - Mr. Belmont (P&C)

CC - Mr. He im DEL 30 G ICER . 23

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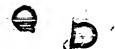
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## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

With

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Name of Employee:	EDWIN R. TULLY	- 1	<del> </del>
	DOMESTIC INTELLIGENCE (Division)	ESPIONAGE (Section, Whit)	<del></del>
Payroll Title: _	SPECIAL AGENT, GS-13		
Rating Period: fro	m <u>April 1, 1953</u>	to <u>March 31, 195</u>	4
			Frankriida
ADJEÇTIYE RATÎ	NG: SATISFA Outstanding, Satisf	CTORY actory, Unsatisfactory	Employee's Initials
Rated by:	Signature S	Section Chief Title	3-31-54
Reviewed by:	Signature (1)	Assistant Director	3-31-54 Date
Rating approved by:	20 6	SISTANT DIRECTOR  Title	AY 3 1954  Date
89MAY	TYPE OF R  (x) Official  (x) Annual	EPORT  Sen.  ( ) Administrative  ( ) 60-day  ( ) Transfer 4 APF  ( ) Separation from a separation from	28 1954 er/169) 3.1541103

Note:

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

未得到2000年代的第三人称单数是1000年度的1000年。 《新聞記》(1000年)(1000年)(1000年)

# PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee EDWIN R. TULLY	Title SPECIAL AGENT, GS-13
Traine of Displayees.	Rating Period: & from 4-1-53 to 3-31-54
RATING	G GUIDE AND CHECK-LIST
	s performance should be rated. All employees in same salary grade should be compared.
Rate items as follows:	•
Outstanding (exceeding excellent and deserving special of Satisfactory (ranging from good to excellent but not suffice.)	ommendation).
Unsatisfactory.	
O No opportunity to appraise performance during rating per Guide for determining adjective rating:	nod.
ac eat out on the reveree at term E11.18b	re 'plus', and in addition, of course, supporting comments must comply with the requirements
So far as Satisfactory' and 'Unsatisfactory' ratings are concerned, it is marks because such would presume equal weight for all elements ra light of the elements rated. All minus marks must be supported by n set out on the reverse of form FD-185.	impossible to provide a mechanical formula for computing the various 'plus', 'check', and 'minus' ted. Good judgment must be exercised to insure that the adjective rating is reasonable in the larrative detail, and of course, all 'Unsatisfactory' ratings must comply with the requirements as
	(17) Firearms ability.
(2) Personality and effectiveness of his personal contacts.	(18) Development of informants and sources of information.
(3) Attitude (including dependability, cooperativeness, loy- enthusiasm, amenability and willingness to equite	
/ share work load).	(b) Summary reports
(4) Physical fitness (including health, energy, stamina).	(Consider:conciseness;tclarity;torganization;
	thoroughness; and perti-
	proper nency of leads; administrative detail.)  (20) Performance as a witness.
conclusions; ability to define objectives.	(21) Executive ability:
responsibility.  (9) Planning ability and its application to the work.	(a) Leadership.  (b) Ability to handle personnel.
(10) Accuracy and attention to pertinent detail.	(c) Planning (d) Making decisions
(11) Industry, including energetic consistent application to	duties(e) Assignment of work
(12) Productivity, including amount of acceptable work prand rate of progress on or completion of assignmen	ts. Also $(g)$ Devising procedures
consider adherence to deadlines unless failure to attributable to causes beyond employee's control.	meet is —— (h) Emotional stability ————————————————————————————————————
+ (13) Knowledge of duties, instructions, rules and regulati	ons, in-
cluding readiness of comprehension and 'know application.	now of (22) Ability on raids and dangerous assignments:
(14) Technical or mechanical skills.	(a) As leader (b) As participant
(15) Investigative ability and results:	(23) Organizational interest, such as making of suggestions for improvement.
(a) Internal security cases (b) Criminal or general investigative cases	(24) Ability to work under pressure.
(c) Fugitive cases (d) Applicant cases	(25) Miscellaneous. Specify and rate: Dictation ability
(e) Accounting cases	Automobile driving ability
O_(16) Physical surveillance ability.	+ Canability for additiona
A. Specify general nature of assignment during most of rating	period (such as security, criminal, applicant squad, or as resident Agent, supervisor, instruc-
• • • • • • • • • • • • • • • • • • • •	or - security matters
Desk man	nvestigator, desk man, research, instructor, speaker):
(1) Is employee available for general assignment wherever ne	eds of service require? IES (If answer is not 'yes', explain in narrative comments.) eds of service require? IES (If answer is not 'yes', explains in narrative comments.)
D. Has employee had any abnormal sick leave record during rate	ing period? No. (If so, explain in narrative comments.)
A TO VINCOUNTERS OF A CHARGO &	SATISFACTORY
ADJECTIVE RATING	Outstanding Satisfactory Unsatisfactory

#### EDWIN R. TULLY SPECIAL AGENT, GS-13

During the period covered by this report, Agent Tully has been assigned to the supervision of espionage investigations which are predicated on Bureau Source 5 material. In this regard it is his responsibility to research fragmentary material received from the source and develop it to the point where a logical investigation can be instituted in the field. It is his responsibility toksee the investigation through to a logical conclusion. For the most part Agent Tully has handled investigations involving members of the Soviet Military Intelligence Service. Tully has also supervised the Bureau's investigation entitled Sash which investigation utilizes a highly placed informant in an extremely strategic position in the international Communist field. Agent Tully has also acted in the absence of the Supervisor in Charge of the Soume Unit. His services in this regard have been entirely satisfactory.

During the period of the intensified investigation of the Harry Dexter White case, Agent Tully performed valuable services in research and in the preparation of numerous memoranda which were necessary to clarify the Bureau's position. During this same period he worked long hours without regard to his own personal situation in order that the Bureau's responsibilities could be discharged.

Agent Tully's development as a Bureau Supervisor has been wholly satisfactory. He has a thorough knowledge of espionage matters which he utilizes to good advantage. He is enthusiastic about the work and has an excellent attitude.

Agent Tully is conscientious and dependable. He has the ability to handle volume work and employs sound judgment and a practical approach.

This Agent makes an excellent personal appearance and has a warm, friendly personality. He is intelligent, easy to meet and should be a good contact man. It is considered that this Agent has excellent capabilities for further development and it is believed that he has progressed at this point to where he could handle satisfactorily the duties of an Assistant Special Agent in Charge.

He can and does supervise the more complex investigative matters handled by the Bureau. He is in good physical condition and there are no limiting factors preventing his assignment to duties requiring arduous physical exertion. His demonstrated ability to utilize firearms and defensive tactics indicate he can be utilized satisfactorily in raids and on dangerous assignments.

He is entitled to a rating of Satisfactory.

ERT

TO:

a. h.Ofont

DATE: Spri 26, 1951

FROM:

W. A. BRANIGAN

SUBJECT:

PERS. ADV.

EDWIN R. TULLY
SPECIAL AGENT, GS-13

Agent Tully entered on duty with the Bureau as a Bureau Agent on January 4, 1943. He has been assigned in the Espionage Section since February 11, 1952.

At the present time this Agent is assigned in the supervision of espionage investigations which are predicated on Bureau Source 5 material. His assignments in this regard are of a complex nature and of considerable importance in our counterespionage work.

Agent Tully has shown above average progress in developing as a Bureau Supervisor. He is conscientious, dependable, exercises his own initiative, and very industrious. This Agent has a thorough knowledge of the Bureau's security work. He understands and applies Bureau policy and procedure with sound judgement.

Agent Tully makes an excellent personal appearance and has a friendly personality. He is sincere and straightforward.

It is believed that Agent Tully has progressed to the point where he could discharge the responsibilities at the present time of an Assistant Special Agent in Charge. It is also believed that he has excellent capabilities for further development.

PECORDED BY

12 180 12 180

20 MAY 13 1954

Standard Form 88

(Rev. Aug. 1930)

PROMULOATED BY

BURRAU OF THE BUDGET

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### ATTACHMENT TO STANDARD FORM 88 (Revised July 21, 1952)

Report of Medical Examination

#### FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

		The following	portions	of	the	attached	examination	report	form	need
not	bе	completed:	_				•			

2	67
3	68
11	69
14	71 (unless other
17	examination indi-
62	cates desirable)
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

## FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

	The medical	examiner	should	answer	the	foll	owing q	uestion:	
	Examinee	15		qualif:	ied :	for s	strenuou	s physic	al
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#### FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

					2/3	
If	answer	is	"yes"	please	specify.	

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

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(Signature	of i	Medical	Examiner)
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	()	Date)	

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OFFICE MEHORANDUM . UNIT

UNITED STATES GOVERNMENT

TO

L. V. BOARDMAN

DATE: June 7, 1954

FROM

A. H. BELMONT

SUBJECT:

SUSPECTED ESPIONAGE,
FORT MONMOUTH, NEW JERSEY, AND
FEDERAL TELECOMMUNICATIONS LABORATORIES,
NUTLEY, NEW JERSEY

My memorandum to you dated 5-11-54 summarized Section VI of the brief prepared in this matter. Section VI was an analysis of possible current problems in connection with matters brought up during the current McCarthy-Army controversy. On page 4 of that memorandum it was pointed out that on 4-21-53 the Bureau advised the Army that our Newark Office would review First Army files at Fort Monmouth and the Federal Telecommunications Laboratories concerning possible espionage activities, and thereafter we requested the Army to furnish Photostats of the necessary material for review but, the Army failed to furnish the necessary Photostats. The Director inquired if statement relative to failure of Army to furnish Photostats was accurate as he recalled that they finally did so after a great delay. The recollection of the Director is correct. We finally obtained the Photostats after Army could not handle them all and our New York Office had to assist them. What transpired is that on 7-8-53 Bureau instructed Newark to request Army to furnish Photostats of material for review. On 8-7-53 Newark advised that Army indicated it would take approximately 3 weeks to complete Photostats. On 8-18-53 Newark advised that Army Photostating had bogged down, was being delayed, and in order to expedite matters our New York Office was instructed to Photostat approximately 200 Army dossiers on the Federal Telecommunications Laboratories.

The statement in my memorandum of 5-11-54 would have been more properly phrased had it read, "... but the Army failed to promptly furnish the necessary Photostats and our New York Office had to assist them." This memorandum was a 5-page condensation of 38 pages in the brief. It is regretted that in the interests of conciseness the phraseology used here did not give the full meaning intended.

DIRECTORS NOTATION: "CONCISENESS ISNT SUPPOSED TO JUSTIFY FAILURE TO PRESENT THE TRUE FACTS." H.

#### ACTION:

None: This is for your information. I do not recommend administrative action in connection with this.

SBD: GAS

My 311 2 1354

ADDENDUM: (LVB:wmj) 6-8-54

I recommend that Supervisor E. R. Tully, author of referenced communication, be censured for his inaccurate reporting. "(Brief Attached)"

L. V. Boardman

TOISONS NOTATION: "I AGREE" 6-9 DIRECTORS NOTATION: "YES. " H.

"I agree but also recommend Mr. Belmont be censured. JPM. 6-9" DIRECTORS NOTATION: "YES". H. DIRECTORS NOTATION: "IT IS MOST DISCOURAGING THAT I CAN'T GET ACCURATE MEMOS." H.

#### June 11, 1954

#### PERSONAL AND CONFIDENTIA.

Very truly yours?

Mr. Edwin R. Tully Federal Buréau of Investigation Washington, D. C.

Dear Mr. Tully:

A review of a summary memorandum prepared by you on Lay 11, 1954, analyzing possible problems with respect to cases of suspected espionage at Fort Monmouth, New Jersey, and the Federal Telecommunications Laboratories at Nutley, New Jersey, has disclosed an erroneous statement to the effect that the Army had failed to furnish certain Photostats to the FBI. Actually, there was a delay in securing these Photostats with the result that one of our divisional offices assisted the Army in preparing the Photostats but the statement in your memorandum was not accurate.

While it is recognized that in preparing this summary you were endeavoring to condense a considerable amount of material into a comparatively short memorandum, the error committed was very serious and conciseness in presentation cannot justify your fatlure to present the true facts. Therefore, you will be expected to exercise greater care in handling such matters in the future so that you will avoid any similar derelictions.

Je Edgar Hoover John Edgar Hapve Director 5 25 PM 35. 9800 Wry Belmont (Personal Attention) MAILED 2. JUN 1 1 1954

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WILLIAM CALDWELL

INTERNAL SECURITY - R Bufile 100-225506

E. R. Tully

#### SYNOPSIS

BACKGROUND: Milwaukee letter 2/11/55, to Bureau, Chicago, New York and Washington Field Office transmitted corrected copies of page 1 of report of SA Walter L. Roethke, Milwaukee 1/20/55. Said report originally set forth the title as above and stated in the first paragraph of the details "the 1954 Milwaukee City Directory reflects one Earl Caldwell, wife Marie, resides at 5770. North River Forest Drive and is employed by the Minnesota Woolen Co." Bureau letter to Milwaukee 1/31/55, prepared by Supervisor Edwin R. Tully, Espionage Section, Domestic Intelligence Division, called attention to foregoing reference to "Earl Caldwell" and instructed that said name be included in the title of the next report. No request for explanation was contained in said Bureau letter. Milwaukee's referenced letter 2/11/55, advised said name should have been reported as "William Caldwell" and transmitted amended page. No explanation for the error was submitted. Latter communication was received in Espionage Section 2/15/55, was initialed by Supervisor Tully and was routed to Consolidation Unit of Records Section so that the amended page could be substituted. original report had not been disseminated.

SAC Letter 54-23, 5/4/54, provides "In the GOVERNING INSTRUCTIONS: future all errors to be corrected in reports after they have been forwarded to the Bureau must be submitted by cover letter containing an explanation for the error, together with two

Attachments

cc - Mr. Nichols Mr. Boardman

Mr. Belmont

Mr. Mohr

cc - SOG Personnel Files: SA Walter L. Roethke SA Eugene G. Babler SAE J. B. Poster VSA E. R. Tully Section Chief W. A. Branigan

Inspector C. E. Hennrich Assistant Director A. H. Belmont SOG Files - Milwaukee Division

Domestic Intelligence Division

HCVP:gsr



copies of any corrections to be made on reports previously disseminated." Section 4A 1 j, Manual of Rules and Regulations, provides, "Amended pages of reports are to be submitted to the Bureau by cover letter. The cover letter must contain an explanation for the error, recommendations for any administrative action, if necessary, together with two copies of the amended pages of reports."

EXPLANATIONS REQUESTED: Bureau letter 2/23/55, to Milwaukee, copy to Mr. Belmont, prepared in connection with a survey conducted by Inspector H. C. Van Pelt covering such errors, called attention to foregoing instructions and requested field and SOG explanations.

EXPLANATIONS RECEIVED: SA Roethke advised (1) he submitted his report by rough draft in which he inadvertently substituted the name Earl for William in referring to William Caldwell; (2) he was not available to proofread the finished report; and (3) he submitted the corrected page to the Bureau by Milwaukee letter 2/11/55, which he approved while functioning as Relief Supervisor, without including explanation for the error because it was his impression that the instructions contained in above SAC Letter did not apply to such matters.

Relief Supervisor Eugene G. Babler, Milwaukee advised he approved above report of SA Roethke but failed to detect the erroneous reference to William Caldwell as Earl Caldwell. SAC J. B. Poster advised he impressed the seriousness of foregoing errors upon both SAs Roethke and Babler, that they sincerely regretted same and displayed excellent attitudes. SAC Poster recommended no administrative action be taken.

SOG Supervisor Tully advised he felt that due to no dissemination of the report being involved, the error was relatively minor and warranted no additional correspondence. He said he recognized Milwaukee had not submitted recommendations regarding administrative action, but that Milwaukee was fully cognizant of the error.

Chief W. A. Branigan, Espionage Section advised that explanation should have been submitted by Milwaukee but recommended no administrative action against Supervisor Tully be taken. Mr. Belmont concurred.

#### CONCLUSION:

Although the investigation does not appear to be jeopardized, the errors have caused additional expense and unnecessary correspondence.

#### RECOMMENDATIONS

1. SA Walter L. Roethke, Milwaukee . . . recommendation being submitted separately covering this and another similar matter.

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- 2. SA Eugene G. Babler, Milwaukee . . . censure . . . for failure to detect and correct erroneous reference to William Caldwell as Earl Caldwell in Agent Roethke's report.
- 3. SAC J. B. Poster, Milwaukee . . . recommendation being submitted separately covering his over-all responsibility in this and another similar matter.
- 4. SA Edwin R. Tully, Espionage Section . . . censure . . . for failure to request explanations from Milwaukee.
- 5. Chief W. A. Branigan, Espionage Section . . . recommendation being submitted separately covering this and other similar matters.
- (6) Inspector C. E. Hennrich, Domestic Intelligence Division . . . recommendation being submitted separately covering this and other similar matters.
- (7) Assistant Director A. H. Belmont, Domestic Intelligence Division . . . no action . . . in view of his being previously recommended for censure for this and other similar matters.

Permanent briefs of SAs Roethke, Babler and Tully and SAC-Poster are attached hereto.

#### DETAILS

Not repeated herein in view of being fully covered in synopsis and in the investigative file.

Office Memorandum • United States Government

Branigan Manager: Nilliam `Caldwell

INTERNAL SECURITY

Boardman DATE: Feb. 23, 1955 Nichols . Relacat Harbo Parsons Rosea Tenn Sizoo Tele. Room Holloman .

The report of SA Walter L. Roethke, dated 1/20/55 at Milwaukee, in instant case indicated subject was living in Milwaukee under the name Earl Caldwell. Noting that this name was not carried in the title, the writer instructed Milwaukee by Bulet 1/31/55 to include this name in the title. dated 2/11/55 Wilwaukee advised that the name Earl Caldwell should have been William Caldwell and the corrected page was The Milwaukee letter of 2/11/55 did attached for the Bureau. not contain a recommendation for or against administrative action.

The error involved was that Milwaukee inadvertently referred to subject as Earl Caldwell instead of William Caldwell. Although Milwaukee did not submit recommendations for or against administrative action, I felt that due to the fact that no dissemination of the report was involved, the error was relatively minor. I felt, therefore, that additional correspondence with the Milwaukee office was unnecessary since the error already had been brought to the attention of that office. I now realize that in the future in similar cases where a statement for or against administrative action is not made, I must instruct the field to do so.

ERT:em 100 22500

(3)

(WAB: 3) ADDENDUM:

Actually this change of one word could have been effected by erasure and without submission of corrected page. Supervisor Tully did not request a corrected page. Milwaukee submitted corrected page, explanation should also have been submitted. In view of minor nature of error, fact that error called to attention of Milipaukee, and fact that no dissemination of report had been made, Supervisor Tully felt further correspondence unnecessary. The necessity for Eureau Supervisors to

9 MAR 18-1955

RECORDED - 63

insist upon strict compliance with Bureau regulations has been impressed upon Tully. Supervisors in the Espionage Section consistently follow the practice of requiring explanations from the field where errors are made having a substantive effect on the investigation. I recommend no administrative action be taken against Tully.

lagree G

WOS

ADDENDUM: (A. H. Belmont) (CEH: bsb, 1/2-25-55)

The SAC Letter 54-23 provides "In the future all errors to be corrected in reports after they have been forwarded to the Bureau must be submitted by cover letter containing an explanation for the error, recommendations for administrative action, if necessary...." The Manual of Rules and Regulations, 4A 1j, provides "Amended pages of reports are to be submitted to the Bureay by coper letter. The cover letter must contain an explanation for the error, recommendations for any administrative action, if necessary.... We have consistently interpreted these instructions in what we believe to be the spirit of the Bureau's instructions to the field and have called for explanations and recommendations in those instances where substantive errors occurred or where other serious errors occur which would indicate that administrative action should be taken. Since there was an error involved in this case, strict compliance with the Bureau's regulations would have called for explanations from the Milwaukee office. The Supervisor states that he felt that since no dissemination of the report had occurred and the error was relatively minor that additional correspondence with the Milwaukee office was unnecessary. Branigan has pointed out to him that there must be strict compliance with Burcau regulations. Tully recognizes that in future similar instances it will be necessary for him to obtain explanations from the field. I recommend no further administrative action.

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# FIELIOFIE EARMS TRAINING ECORD

SPECIAL AGENT

EDWIN R. TULLY



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Tuely To

Karch 15, 1955

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#### PERSONAL AND CONFIDENTIAL

Ur. Edwin R. Tully Federal Bureau of Investigation Washington, D. C.

Dear Mr. Tully:

Your failure to comply with existing Bureau: regulations in connection with your supervision of the Internal Security investigation involving

has come to the attention of the Bureau. It has been observed that after you had reviewed a re-port submitted by the Wilwaukee Livision under date of January 20, 1955, you instructed that office to include the name Earl Caldwell in the title of the next report to be submitted by that division inasmuch as the report in question indicated that it was an alias of the subject. However, when the Hilwaukee Division advised by letter dated February 11, 1955, that the name Earl Caldwell was erroneously reported and amended pages were submitted to porrect this mistake you should have seen to it that explanations from personnel responsible for this error were obtained together with recommendations for appropriate administrative action as required by existing Bureau instructions.

RECORDED - 138 67-211900-Consideration has been given to your explanation that because the error committed by the Hilwaukee Division was relatively minor and no dissemination of the report had been made additional correspondence was not necessary; However, this does not justify your failure to ALAMAR ON 1955 existing regulations. In the future you had the fit of the translation to exhibit closer observance of Bureau instructions in the the contractions in the contraction of the contractions in the contraction of the contractions in the contractions in the contraction of the contraction of the contraction of the contraction of the contractions in the contraction of the contractio

performance of your duties so that you will not again be chargeable with a develiction of this native. COMM - FBI

MAR 1 5 1955 ANY MAILED 31 DCM ggs 79 (4)

(Personal Mr. Belmont Attention)

John Edgar Hoover

Director

U. Edgar Hoover

Very truly yours,

Letter based on memo from Mr. Harbo to Mr. Tolson dated HCVP:gsr.

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-Tele. Room.

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## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

1 Substantive

Name of Employee: EDWIN R. TULLY	•	-
Where Assigned: <u>DOMESTIC INTELLIGENCE</u> (Division)  Payroll Title: <u>SPECIAL AGENT, GS-13</u>	ESPIONAGE (Section, Unit)	•
Rating Period: from April 1, 1954	_ io March 31, 1955	
ADJECTIVE RATING: SATISFACTORY Outstanding, Satisf	factory, Unsatisfactory	Employee's Initials
Rated by:  Rated by:  Signature  Al-Belensiet	Section Chief 3/3 Title Assistant Director	-Date
Reviewed by:  Rating approved by:  Signature  Signature	Assistant Director MAY  Title	
TYPE OF R  (X) Official RECC  (X) Annual.	EPORT 67-2/1900 Searched ( ) Administrative bened ( ) 60-day ( ) Transfer 2 APR ( ) Separation from service ( ) Special	
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NARRATIVE COMMENTS

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee	EDWIN R. TULLY	Title SPECIAL AGENT, GS-13
	•	Rating Period: from 4/1/54 to 3/31/55
Millionia de l'ammente de destruire de la companya	RATING GUIDE A	AND CHECK-LIST
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Satisfactory (ra Unsatisfactory.  O No opportunity	inging from good to excellent but not sufficient to rate of to appraise performance during rating period.	outstanding).
Guide for determining a		In addition, of course, supporting comments must comply with the requirements
	of form FD-185, nd 'Unsatisfactory' ratings are concerned, it is impossible to uld presume equal weight for all elements rated. Good jud ed. All minus marks must be supported by narrative deta	provide a mechanical formula for computing the various 'plus', 'check', and 'minus' agment must be exercised to insure that the adjective rating is reasonable in the il, and of course, all. 'Unsatisfactory' ratings must comply with the requirements as
		(40) 77
(1) Personal ap	pearance. and effectiveness of his personal contacts.	(17) Firearms ability. (18) Development of informants and sources of information.
(3) Attitude (in	cluding dependability, cooperativeness, loyalty,	(19) Reporting ability:
share wor	m, amenability and willingness to equitably ck load).	(a) Investigative reports (b) Summary reports
	ness (including health, energy, stamina).	(c) Memos, letters, wires (Consider:conciseness; clarity; organization;
	lness and ingenuity. ss and aggressiveness as required.	thoroughness;accuracy;adequacy and perti-
(7) Judgment, i	including common sense, ability to arrive at proper	nency of leads;administrative detail.)
conclusio	ns; ability to define objectives.  nd the taking of appropriate action on own	(21) Executive ability:
responsib	ility.	+ (a) Leadership + (b) Ability to handle personnel
	bility and its application to the work. nd attention to pertinent detail.	(c) Planning (d) Making decisions
+ (11) Industry, in	acluding energetic consistent application to duties.	± (e) Assignment of work
(12) Productivity	y, including amount of acceptable work produced of progress on or completion of assignments. Also	士(f) Training subordinates 上(g) Devising procedures
consider	adherence to deadlines unless failure to meet is ole to causes beyond employee's control.	£ (h) Emotional stability
(13) Knowledge	of duties, instructions, rules and regulations, in-	(i) Promoting high morale (j) Getting results
cluding application	readiness of comprehension and know how of	(22) Ability on raids and dangerous assignments:
	or mechanical skills.	(a) As leader (b) As participant
	ve ability and results: crnal security cases	(23) Organizational interest, such as making of suggestions for improvement.
(b) Cri	minal or general investigative cases	(24) Ability to work under pressure.
(c) Fug (d) App	itive cases plicant cases	(25) Miscellaneous. Specify and rate: Dictation ability
(e) Acc	ounting cases	Automobile driving ability
(16) Physical su	•	F Capability for additional responsibility.
A. Specify general retor, etc.):	<u> </u>	as security, criminal, applicant squad, or as resident Agent, supervisor, instruc-
	Supervisor - Securit	y matters.
B. Specify employee's	most noteworthy special talents (such as investigator, on Desk man.	
C. (1) Is employee av (2) Is employee av	ailable for general assignment wherever needs of service ailable for special assignment wherever needs of service	re require? Yes (If answer is not 'yes', explain in narrative comments.) e require? Yes (If answer is not 'yes', explain in narrative comments.)
D. Has employee had	any abnormal sick leave record during rating period?	[O_ (If so, explain in narrative comments.)
ADJECTIVE RA	TING: SATISFACTORY	
· ·	· ·	anding Satisfactory I Insatisfactory

#### EDWIN R. TULLY SPECIAL AGENT, GS-13

During the period covered by this report Agent Tully has been assigned to the supervision of espionage investigations which are predicated on Bureau Source 5 material. His assignments in this regard have been of a complex nature. Cases under his supervision require constant research and minute supervision. Agent Tully has also been responsible for the over-all supervision of the operation of one of the Bureau's most important informants. Agent Tully has also acted in the absence of the Supervisor in Charge of the Soume Unit.

This Agent is one of the more experienced in the service concerning Soviet espionage matters. He has the ability to analyze complex fact situations and he has a practical approach calculated to produce results. Agent Tully has a thorough knowledge of Bureau rules, regulations, procedures and policy and he applies them with good sound judgment.

Agent Tully is cooperative, industrious and applies himself extremely well. He is dependable and has shown a willingness to accept and discharge responsibilities.

It is considered that Agent Tully has excellent capabilities for further development and advancement. It is believed that he could discharge the responsibilities of an Assistant Special Agent in Charge at the present time.

This Agent can and does handle the more complicated investigative matters. He is in good health and there are no limitations which would preclude his use on a dangerous assignment or one involving the use of firearms.

By letter dated June 11, 1954, he was censured for an inaccurate statement in a memorandum prepared by him. By letter dated March 15, 1955, he was censured for failure to obtain explanations from personnel responsible for an error in a Bureau report.

This Agent has accepted in both instances his censure with an excellent attitude. He is striving hard to overcome the deficiency which initiated the administrative action. By his performance he has earned a rating of Satisfactory.



### UNITED STATES DEPARTMENT OF JUSTICE

#### FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

any li	ability shall occ	ur. The following	person is design	ated as my ben	eficiary for FI	3I Agents' Inst	rance Fun
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death	The following benefit to benefit	ciary of agents ki	ted as my benefic lled in the line	of duty.		e	
Name_	MINDRED	10 hhy	Rel	ationship U	NFS .	Date 5-10 -	40
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	and a	any m	AY 25 1955	,-	Column Special Ag	2. Tull	7
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TO:

MR. L. V. BOARDMAN

FROM:

MR. A. H. BELMONT

April115, 1955

MAR 31 1955.

SUBJECT: PERSONNEL ADVANCEMENT

EDWIN R. TULLY SPECIAL AGENT, GS-13

Agent Tully entered on duty with the Bureau on January 4, 1943. He has been assigned in the Domestic Intelligence Division since February 11, 1952. At the present time he is supervising espionage investigations predicated on Bureau Source 5 material.

It is considered that the work of Agent Tully is above average. He handles good volume with efficiency and speed. He has shown ability to analyze complex situations and use sound judgment. He makes an excellent personal appearance and has a friendly personality. It is believed that Agent Tully could discharge the responsibilities of an Assistant Special Agent in Charge. It is further believed that he has excellent capabilities for further development.

regorded - 141

67-211900 - 153

Bearched.

Numbered 23

6 MAY 5 1955
FEDERAL LUCEAU OF INVESTIGATION

26 MAY 10 1955

Luxura trtelligena

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## REPORT OF MEDICAL EXAMINATION

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#### ATTACHMENT TO STANDARD FORM 88. (Revised July 21, 1952)

Report of Medical Examination

#### FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2 3	67 68
11	69
14 17	71 (unless other
17	examination indi-
62	cates desirable)
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

qualified for strenuous physical exertion. (Designate which)

#### FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL

(Signature of Medical Examiner

ENCLOSURE

67-211900-184





### Memorandum • United States Government

DATE: June 14, 1955

Boardman **Nichols** Belmont

FROM . W. A. BRANIGAN

SUBJECT: EDWIN R. TULLYSPECIAL AGENT, GS-13 ESPIONAGE SECTION

Vacancy exists in position of Supervisor in Charge of Soume Unit of Espionage Section by reason of resignation of Special Agent Robert J. Lamphere, effective close of business 7/1/55.

Soume Unit supervises highly complex investigations arising from Bureau Source material and coordinates communications intelligence work of Bureau from investigative aspect. Position of Supervisor in Charge calls for supervision of 7 Agent Supervisors, I Mail and File Clerk (GS-5), 1 Secretary (gs-5), 4 Clerks (GS-4), I Stenographer (GS-4) and I Clerk-Typist (GS-3).

SA Tully, EOD Bureau as clerk 8/20/41 and as Special Agent 1/4/43. He has had extensive experience in number of field offices and has been a resident agent. He was assigned to New York Office from 11/17/46 until his assignment to Bureau as Supervisor on 2/11/52. Comments on his work in New York reveal he displayed outstanding initiative, resourcefulness, force and aggressiveness. He made a fine personal impression and was thorough and competent in handling complex and detailed investigations. He handled several major investigations including that of Owen Lattimore and several of the major Soume cases. He was commended 4/10/51 for exemplary handling of his duties in espionage case involving Julius Rosenberg. Initially as Bureau Supervisor he handled supervision of investigations involving Soviet officials, couriers and their contacts. He made highly effective adjustment as Bureau Supervisor and since 3/16/53 By letter has been assigned as Supervisor in Sovme Unit. 6/11/54 he was censured for inclusion of erroneous statement in summary memorandum prepared regarding suspected espionage at Fort Monmouth. He was censured by letter 3/15/55 for failing to secure explanations from field for error he detected in report. Tully has accepted this criticism with an excellent attitude. Searched

SBD: hmm (3): [] cc: Belmont Brani gan

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3 JUN 28 1955

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#### MEMORANDUM FOR MR. BELMONT

Agent Tully has an excellent background in Soviet espionage work and is thoroughly familiar with the important matters handled in Sovme Unit. He is intelligent, well-regarded by those with whom he works, and has shown considerable ability in handling work assigned to him. He has excellent capabilities for further development and advancement and the position of Supervisor in Charge of the Sovme Unit should further develop his abilities.

#### RECOMMENDATION:

Recommend Agent Tully be approved for assignment as Supervisor in Charge of Soume Unit of Espionage Section.

Jan Jan

AM COR

A PERMANENT BRIEF OF SA TULLY'S FILE IS ATTACHED.

Say N



# RECEIPT FOR GOVERNMENT FUTY FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

8-17-55

I certify that I have received the following Government property for official use:

Inspectors Manual #843

#### READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MULTILATE IT IN ANY WAY.

Very truly yours, Edwin R. Tully MR. R. R. ROACH

August 11, 1955

MR. N. W. PHILCOX

COSMIC CLEARANCES (NATO DOCUMENTS) FBI PERSONNEL

On April 28, 1955, we furnished to the General U. S. Registry for NATO documents a list of personnel cleared for the handling of Cosmic NATO documents. Due to resignations, there have been two changes on this list.

The signature cards of Robert J. Lamphere and Frances R. Conway have been canceled and new signature cards from Edward R. Tully and Alene Taylor have been furnished to the Central V. S. Registry.

#### ACTION:

f ....

1,4

None. This is for record purposes.

NWP:fjb (3)

- Liaison Section

- Mr. Philcox



Ur. LaInont

Director, FDI

John A. Jackson
#illics W. Looney
|Listin R. Tulky |
|Larolo E. Lelborn
| Faul C. Young
| Special Agents

Inspector's Aide Training

You should instruct the above-named Special Agents to report to Room 5231, Department of Justice Euilding, at 4:30 p.m. on 0/19/55 to receive Inspector's Aide Training. This training will be completed on 8/22.

ERC: jae

co - Ur. Harbo (Sent direct) Attention: Ur. Gaarty

Nr. Adams

Based on memo to Un Nohr from H. L. Edwards dated 8/8/55-Subject - Inspector's Aide Training. JBA?bak

> YELLOW DUPLICATED US 1 1955 MAILED

58 AUG 15 ; 55

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF USTICE

7-1-53

I certify that I have received the following Government property for official use:
-returned-

Manual of Instructions #7602

Manual of Rules and Regulations #585

4 JUL 3 155.68

#### READ-

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MULTILATE IT IN ANY WAY.

PRED TO SERVICE AND ADDRESS OF THE PARTY OF

Very truly yours,

DIRECTOR, FBI

EDWIN R. TULLY SPECIAL AGENT

The above-captioned employee has been trained as an Inspector's Aide and is now qualified to assist Inspectors on regular inspections.

EDM:jla

RH

Tolson
Boardman
Nichols
Belmont
Harbo
Mohr
Parsons
Rosen
Tamm
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Winterrowd
Tele. Room
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COMM FBI AUG 25 1955 MAILED 19

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IN THE PARTY.

STANDARD FORM NO. 64 Memorandum • united states government Tolson MR. BELMONT DATE: September 7, 1955 Nichols W. A. BRANIGAN WILL FROM ! Sizoo Winterrowd SUBJECT: EDWIN R. TULLY Tele. Room SPECIAL AGENT, GS-13 Holloman Gandy . ESPIONAGE SECTION Since 7/1/55 Agent Tully has been assigned with Bureau. approval as Supervisor in Charge of Sovme Unit of Espionage Section. Soyme Unit supervises highly complex investigations arising from Bureau Source material and coordinates communications intelligence work of Bureau from investigative aspect. Position of Supervisor in Charge calls for supervision of 7 Agent Supervisors, 1 Mail and File Clerk (GS-5), 1 Secretary (GS-5), 4 Clerks (GS-4), 1 Stenographer (GS-4) and 1 Clerk-Typist (GS-3). SA Tully, EOD Bureau as clerk 8/20/41 and as Special Agent 1/4/43. He has had extensive experience in number of field offices and has been a resident agent. He was assigned to New York Office from 11/17/46 until his assignment to Bureau as Supervisor on 2/11/52. Comments on his work in New York reveal he displayed outstanding initiative, resourcefulness, force and aggressiveness. He made a fine personal impression and was thorough and competent in handling complex and detailed investigations. He handled several major investigations including that of Owen Lattimore and several of the major Sovme cases. He was commended 4/10/51 for exemplary handling of his duties in espionage case involving Julius Rosenberg. Initially, as Bureau Supervisor, he handled supervision of investigations involving Soviet officials, couriers and their contacts. He made highly effective adjustment as Bureau Supervisor and since 3/16/53 has been assigned as Supervisor in Sovme Unit. By letter 6/11/54 he was censured for inclusion of erroneous statement in summary memorandum prepared regarding suspected espionage at Fort Monmouth. He was censured by letter 3/15/55 for failing to secure explanations from field for error he detected in report. Tully has accepted this criticism with an excellent attitude. RECORDED - 1 3 As Supervisor in Charge, Tully has demonstrated his ability to organize and plan work assignments to see that objectives are accomplished. He has personally met with representatives of the National Security Agency and discussed our needs as it relates to work 8 SEP 8 1900 SBD:hmm/ FEEL - Level I had a rough (3)cc: Belmont Branigan

74 SEP 26 1955

#### MEMORANDUM FOR MR. BELMONT

of Sovme Unit in the field of intelligence. He has an excellent background in Soviet espionage work. He is intelligent and has earned the respect of those with whom he works. He has excellent capabilities for further development and advancement and the position of Supervisor in Charge of the Sovme Unit will further develop his administrative and leadership qualities.

#### RECOMMENDATION:

It is recommended Agent Tully be favorably considered for reallocation to Grade GS-14 as Supervisor in Charge of the Sovme Unit with 7 Agent Supervisors under his supervision (policy for consideration of Supervisors in Charge calls for 5 or more Agent Supervisors under supervision).

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STANDARD PORM NO. 64

Office Memorandum • United States Government

TO : Mr. Mohr

FROM : H. L. Edwards H.S.

SUBJECT: EDWIN R. TULLY

Supervisor in Charge - SOVME Unit of Espionage Section

Domestic Intelligence Division

EOD 8-20-41 (Clerk); 1-4-43 (Special Agent)

Grade GS-13, \$9205

Non Veteran; Not on Probation

Parsons
Rosen
Tamm
Sizoo
Winterrowd
Tele. Room
Holloman
Gandy

Tolson ....
Boardman

b6

RE: REALLOCATION

By memorandum dated 9-7-55 Mr. Branigan recommended that SA Tully be reallocated to GS-14 in view of his position as Supervisor in Charge in the SOVME Unit of Espionage Section with 7 Agent supervisors under his supervision. As Supervisor in Charge; Tully had demonstrated his ability to organize and plan work assignments to see that objectives were accomplished. He had an excellent background in Soviet Espionage work, was intelligent and had excellent capabilities for further development and advancement. Mr. Belmont and Mr. Boardman concurred.

A review of his personnel file reflected he entered on duty as a Clerk on 8-20-41 and as a Special Agent 1-4-43. He was reallocated to Grade GS-12 on 11-16-47 and to Grade 13 on 3-29-53. He was assigned as a Supervisor in Domestic Intelligence Division on 2-11-52 and Supervisor in Charge on 7-1-55. He has received two letters of COMMENDATION for his work performance and was CENSURED and SUSPENDED for three days on 7-12-43 for loss of Bureau property and on 6-11-54 was CENSURED for inclusion of erroneous statement in summary memorandum prepared regarding suspected espionage at Fort Monmouth.

His daily average overtime for February, 1955, was 1 hour 58 minutes and for March, 1955 was 2 hours RECORDED-145

By letter dated 3-15-55 he was CENSURED for his failure to comply with existing Bureau regulations in connection with his superfittion of the Internal Security investigation involving It had been observed that after he had reviewed a report submitted by the Milwaukee Division under date of 1-20-55 he instructed that office to include the name Earl Caldwell in the title of the next report to be submitted by that5division inasmuch as the report in question indicated that it was an alias of the subject. When the Milwaukee Division advised by letter that the name Earl Caldwell was erroneously reported and amended pages were submitted to correct that mistake he should have seen to it that explanations from personnel responsible for that error were obtained, together with recommendations for appropriate administrative action as required by existing Bureau instructions.

(2) FABtochmen

A # SEPE 26 1955

Recol fet 11 an 9/16
Called feb 11:15 9/16
PelREC Pect on place 12:20
PERSONNEL UNIT
SUBJECT SE Neckies 12:50 HEC'U BELMONT O: S. DEPT. OF JUSTICE n deck 3:00 9 Mun 3,30 9/49

e<sub>v</sub>

On his 1955 Annual Performance Rating Mr. Branigan rated him SATISFACTORY and stated SA Tully had been responsible for the over-all supervision of the operation of one of the Bureau's most important informants. He was one of the more experienced in the service concerning Soviet espionage matters, had the ability to analyze complex fact situations and he had a practical approach calculated to produce results. He could and did handle the more complicated investigative matters, and was available for special and general assignment.

On 4-15-55 Mr. Belmont submitted his name in connection with the Bureau's Personnel Advancement Program and stated it was believed he could discharge the responsibilities of an ASAC. It was further believed he had excellent capabilities for further development.

During the Inspection of the Domestic Intelligence Division, which has just been completed, no derogatory information was disclosed concerning the performance of SA Tully's duties.

His daily average overtime for April, 1955 was 2 hours 19 minutes May, 1 hour 56 minutes; June, 2 hours 36 minutes; July, 2 hours 23 minutes; and for August, 2 hours 49 minutes.

Supervisor Tully presently meets the qualifications for Grade GS-14 reallocation inasmuch as he serves as Supervisor in Charge of the SOVME Unit in which he has 7 agent supervisors under his supervision. He also supervises a Mail and File Clerk, Secretary, 4 clerks, Stenographer and Clerk Typist.

#### RECOMMENDATION:

It is recommended he be reallocated to GS-14 - \$10,320 per annum

Advised from the state of the s

Frepared by Checked by Filed by: b7C

September 22, 1955

ir. Edwin R. Tully Federal Eureau of Investigation Washington, D. C.

Door ir. Jully:

I am indeed pleased to edvise that you are being premoted to the position of Special Agent, \$10,320 per amum in Grade GS 14, offective September 25, 1955.

Sincerely yours,

John Edgar Hoover Director

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AI E. DRAK



TO

Mr. Mohr

August 8, 1955

FROM

H. L. Edwards

SUBJECT:

INSPECTOR'S AIDE TRAINING

Inspector's Aide training class to be held from 4:30 p.m. Friday, 8/19/55 to 4:30 p.m. Monday, 8/22/55. Instruction will be given on Saturday but not on Sunday. Class will consist of agents selected from In-Service training class commencing 8/8/55 as well as recommended SOG Supervisors and four agents from Washington Field Office and Baltimore who have been recommended by their SACs to receive Inspector's Aide training although not scheduled for In-Service training.

The personnel files of the following agents have been reviewed and they appear well qualified to receive this training. Their SACs have commented that they are interested in and capable of administrative advancement. Those marked with an asterisk have been previously approved,

| Name                                                                                                                                         | <u>Office</u>                                                                         | Name | <u>Office</u>                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------|------------------------------------------------|
| *Louis S. Lear  *G. Curtis Scarbrough Glenn L. McAvoy James J. Gaffney Elliott W. Amon Maclin F. Morrison Clifford E. Puckett Alfred W. Goff | Baltimore Baltimore Cincinnati Cleveland Los Angeles Los Angeles Los Angeles New York |      | New York New York Philadelphia WFO WFO WFO WFO |

All In-Service Agents notified 8/9/55.

PERMANENT BRIEFS OF THE PERSONNEL FILES OF THE ABOVE ARE ATTACHED.

The following SOG Supervisors have been recommended to receive this training at this time by their respective divisions.

| Name                                                                        | <u>Division</u>                                                                                  | <u>Náme</u>                     | Division                                                                       |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------|
| John A. Jackson<br>William M. Mooney<br>Edwin R. Tully<br>Harold E. Welborn | Domestic Intelligence<br>Domestic Intelligence<br>Domestic Intelligence<br>Domestic Intelligence | Carlyle N. Reed                 | d, Jr. Investigative Investigative ller Investigative Records & Communications |
| Paul C. Young # Not scheduled for JBA:bak (4) 55 AUG 2                      | Domestic Intelligence<br>r In Service 8/8/55<br>4 1955 SAS Lear &                                | A. Glenwood Gil Scarborough adv | liland Training &<br>Inspection                                                |

Attachments (25)

Mr. Mason CC:

Movement Original filed in \$67-052-132 dated 8-1-55 & remaining SAS advised by airtels & memos dated 8-10-55. WFO also advised by phone 8-10. pac/jae





#### RECOMMENDATION:

It is recommended that the above-named agents (15 filed and 10 SOG) be approved to receive Inspector's Aide training in the class commencing 8/19/55 at 4:30 p.m.

J. P. Mohr per ERC 8-8

OK Tolson pers Mr. Belmont

September 1, 1955-

Director, FBI

Harold E. Welborn

Edwin R. Tully

J. Fright Brown

Special Agents

The above-named Agents should report to SAC Sloan at Quantico at 9 a.m. to receive Administrative Firearns Training for a period of six-days on the dates indicated below:

Harold E. Welborn Edwin R. Tully J. Wright Brown - September 19 September 26 October 10

Confirm attendance.

CC - Ur. Harbo (Sent direct) Attention: Ur. Gearty

Mr. Adams (Room 7119)

ERC: jae

YELLOW DUPLICATE L. 1 - 1955 MAILED

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September 23, 1955

#### MEMORANDUM FOR MR. TOLSON

Today I saw Special Agent E. R. Tully, who is Supervisor-in-Charge of one of the units in the Espionage Section. He called to express his appreciation for his recent reallocation to GS-14. Mr. Tully makes a good personal appearance.

I discussed with Mr. Tully the responsibilities of his position and the imperative need for a toughening up in administration of work in order that the Bureau may avoid becoming the subject of any public criticism. I pointed out particularly that stress must be made upon accuracy and thoroughness in all of our work.

Very truly yours,

John Edgar Hoover Director

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OFFICE OF DIRECTOR
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

September 23, 1955

SAE. R. TULLY, Supervisor-in-Charge of the Sovme Unit in the Espionage Section, Domestic Intelligence Division, advises that he has just been reallocated to GS-14 and would like to personally thank the Director at the Director's convenience.

| Mr. Boardman     |
|------------------|
| Mr. Nichols      |
| Mr. Belmont      |
| Mr. Harbo        |
| Mr. Mohr         |
| Mr. Parsons      |
| Mr. Rosen        |
| Mr. Tamm         |
| Mr. Jones        |
| Mr. Sizoo        |
| Mr. Winterrowd 🚣 |
| Tele. Room       |
| Mr. Holloman 100 |
| Miss Holmes      |
| Miss Gandy       |
|                  |

Mr. Tolson\_

Supervisor Tully will be available all day today. He will be at Quantico next week for administrative firearms.

Brief and summary requested. He may be contacted on Extension 2006.

FCH:eff (3) 1--Tele Room 1--FCH

I will are him of 5 P. m.

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FEDERAL BUREAU OF INVESTIGATION

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Office Memorandum • united states government

| to t     | Hr. Mohr                                                                                                                  | .DATE:    | 9-23-55 | Tolson<br>Boardman<br>Nichols<br>Belmont               |
|----------|---------------------------------------------------------------------------------------------------------------------------|-----------|---------|--------------------------------------------------------|
| FROM :   | H. L. Edwards #2274                                                                                                       |           |         | Harbo<br>Nohr<br>Parsons<br>Rosen<br>Tamm              |
| subject: | EDWIN RAYMOND TULLY Special Agent Supervisor in Charge - SOVME Unit of Domestic Intelligence Division EOD 8-20-41 (Clerk) | Espionage | Section | Sizoo<br>Winterrowd<br>Tele. Room<br>Holloman<br>Gandy |
|          | 1-4-43 (Special Agent)<br>GS-13. \$9205                                                                                   |           |         | i c                                                    |

By letter dated 9-22-55 SA Tully was advised of his promotion to \$10,320 per annum in Grade GS-14, effective 9-25-55. He was reallocated to this grade in view of his position as Supervisor in Charge of the SOVME Unit of the Espionage Section, in which capacity he has 7 Agent Supervisors under his supervision, in addition to 8 clerical employees. The following is a brief and concise summary of his activities prepared for the Director's use, in the event the Director should see him.

Non-Veteran; Not on Probation

On 2-11-52 SA Tully was transferred to the Domestic Intelligence Division and since 6-14-55 he has been serving as Supervisor in Charge of the SOVME Unit of the Espionage Section. His superior has advised that as Supervisor in Charge, SA Tully has demonstrated his ability to organize and plan work assignments to see that objectives were accomplished. He is described as being intelligent, having an excellent background in Soviet Espionage work, and having excellent capabilities for further development and advancement.

RECORDED-137 By letter dated 3-15-55 he was CENSURED for his failure to comply with existing Bureau regulations in connection with his supervision Oof the Internal Security investigation involving noted after he reviewed a report submitted by the Milwaukee Office under date of 1-20-55 he instructed that office to include the 2name Fedfil coldwell in the title of the next report to be submitted by that office of inasmuch ion as the report in question indicated that it was an alias of the subject. However, when the Milwaukee Office advised by letter of 2-11-55, that the name of Earl Caldwell was erroneously reported and amended pages were submitted to correct this mistake he should have seen to it that explanations from personnel responsible for this error were obtained together with recommendation for appropriate administrative action as required by existing Bureau regulations. Consideration had been given his explanation that because the error committed by the Milwaukee Division was relatively minor and no dissemination of the report had been made additional correspondence was not necessary; however, this did not justify his failure to abide by regulations.

IFDH/dar //
Enclosure / Nemo to Mr. Talson
44 SEP 29 19559-23-55

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His daily average overtime for the months listed was as follows:

| February, 1955     | 1' 58"   | June, 1955   | 2" 36" |
|--------------------|----------|--------------|--------|
| March, 1955        | 21       | July, 1955   | 2' 23" |
| <i>April, 1955</i> | 2' 19"   | August, 1955 | 21 47" |
| May, 1955          | 1 · 56 " | -            |        |

SA Tully lists Miami, New Haven and San Diego as his offices of preference.

A PERMANENT BRIEF OF SA TULLY'S PERSONNEL FILE IS ATTACHED.

Halv3

REV. APRIL 1951 PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION.
CHAPTER RI, FEDERAL PERSONNEL MANUAL

### U. S. DEPARTMENT OF JUSTICES PEDERAL BUREAU OF INVESTIGATION WASHINGTON 25, D. C.

FORM APPROVED BUDGET BUREAU NO. 50-R064

Prepared by

| NOTIFICATION | ~~  |                  |                                         |
|--------------|-----|------------------|-----------------------------------------|
|              | 7.3 |                  | // / '''' / / / / / / / / / / / / / / / |
|              |     | FC.K.S.C.IVIVEL. | A( ,     ( /   V                        |
|              | •   |                  | 11011011                                |

Or ecked by Faled bý:/ 1. NAME (UR.-MISS-MRS.-FIRST-MIDDLE INITIAL: LAST) 2. DATE OF BIRTH 3. JOURNAL OR ACTION NO. F. B. I. MR. EDWIN R. TULLY 05143 11-30-19 6608 9-23-55 This is to notify you of the following action affecting your employments 7.7 CIVIL SERVICE OR OTHER LEGAL AUTHORITY 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) 6. EFFECTIVE DATE: EXCEPTED BY LAW PROMOTION. 9-25-55 FROM TO 8. POSITION TITLE Same Special Agent 9. SERVICE, SERIES, SALARY, GRADE GS 13 (Series 1811 FBI #54-F-183) GS 14 \$10,320 per annum \$9205 per annum 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS F. FIELD DEPARTMENTAL 12. FIELD OR DEPT'L DEPARTMENTAL 14. POSITION CLASSIFICATION ACTION 13, VETERAN'S PREFERENCE John F. Sullivan alloc GS 13, 10-POINT NONE | WWII OTHER | 5-PT. VICE DISAB. OTHER 1d, eff 7-31-55. 17. APPROPRIATION S. & E., FB1 20. LEGAL RESIDENCE 18. SUBJECT TO C. S. RETIREMENT ACT 19. DATE OF APPOINT-MENT AFFIDAVITS 15. SEX 16. (YES-NO) (ACCESSIONS ONLY) CLAIMED PROVED M Same Yes. DIRECTOR, F. B. I. The provisions of the Universal Military Training and Service: Act of 1951 have been complied with. The classification grade of this position is subject to post-audit and correction pursuant to Section 1310 of the Supplemental Appropriation Act, 1952 - Public, Law #253, approved 11-1-51.

SIGNATURE OR OTHER AUTHENTICATION

DIRECTOR AFBI

EDWIN R. TULLY SPECIAL AGENT

The above-captioned Special Agent is now approved by the Bureau as an Administrative Firearms Instructor. He was given this training at Quantico, Virginia.

In this capacity, he is authorized to conduct field firearms training for Special Agents.

cc: Movement

HLS:1pg (4)

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Nichols Belmont Harbo
Mohr Parsons Rosen

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## UNITED STATES DEPARTMENT OF JUSTICE

#### FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

| any lia | bility shall occ | cur. The following                          |                | gnated as my      | beneficiary fo | or FBI Agents' | Insurance Fun |
|---------|------------------|---------------------------------------------|----------------|-------------------|----------------|----------------|---------------|
| Name    | M. LDRED         | TIULLY                                      | R              | delationship_     | WIFE           | Date3          | <u> </u>      |
| Address | 7337 H           | AWTHORN                                     |                |                   |                | MD.            |               |
|         | The following    | g person is designat<br>ciary of agents kil | edeas my benef | iciary under      |                | Ross Fund prov |               |
| Name    | MILDE            | id Tuhh                                     | <u>۲</u> R     | delationship      | WIFE           | Date3-         | -2-27         |
| Address | 7337_            | HAWRETOR                                    | WEDEST         | Alanci.           | ALISVI         | ah & M         |               |
| س       | 2 6              | 8/3 9                                       | MAR 20 19      | 56                | \ <b>1</b> '   | ruly yours,    | $\sim$        |
|         | DI POPE          | -1.0-                                       | 1956           | per aproprietable | - Coly         | 12 R           | Tully         |
|         |                  |                                             |                |                   | Specia         | al Agent       | •             |



# RECEIPT FOR GOVERNMENT PROTTY FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

10-24-58

I certify that I have received the following Government property for official use:

Key to Room 1734

(Agent had this key made outside the Bureau)

#### READ

4 OCT 20 1955

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MULTILATE IT IN ANY WAY.

Very truly yours,

Edwin: R. Pully, SA

### FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

|                     | )                                   | Q.                                           | y)III                           |
|---------------------|-------------------------------------|----------------------------------------------|---------------------------------|
| Name of Employee:   | EDWIN R. TULLY                      |                                              |                                 |
| Where Assigned:     | Domestic Intelligence<br>(Division) | Espionage (Section, Unit)                    | )                               |
| Payroll Title:      | Special Agent, GS-14                |                                              |                                 |
| Rating Period: from | April 1, 1955                       | to March 31,                                 | 1956                            |
| ADJECTIVE RATING:   | SATISFACTO<br>Outstanding, Satis    | ORY factory, Unsatisfactory                  | Employee's<br>Initials          |
| Rated by:           | Q. Rouing a                         | Section Chief Title                          | 3/31/56  Date                   |
| Reviewed by:        | Signature L                         | Assistant Director  Title Assistant Director | 3/31/56<br>AFRat <b>23</b> 1956 |
| Rating approved by: | Signature                           | Title                                        | Date 16,4                       |
| •                   | TYRĄZOF Ŕ                           | EPORT <sup>35</sup>                          |                                 |
| _                   | (X) Official (X) Annual             | ( ) Administrative ( ) 60-day                | 956                             |
| 36 APR 251          | 956                                 | ( ) Separation from                          | m service                       |

#### NARRATIVE COMMENTS

Note:

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

\* }



(For use as attachment to Performance Rating Form No. FD-185)

| Name of Employee EDWIN R. TULLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title Special Agent, GS-14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Traine of Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Rating Period: strom 4/1/55 to 3/31/56                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| RATING GUIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AND CHECK-LIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nce should be rated. All employees in same salary grade should be compared.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Rate items as follows:  Outstanding (exceeding excellent and deserving special commendation of the state of t | on). coutstanding).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| O No opportunity to appraise performance during rating period.  Guide for determining adjective rating:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| (2) Personality and effectiveness of his personal contacts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (18) Development of informants and sources of information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (19) Reporting ability:  (a) Investigative reports  (b) Summary reports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (4) Physical fitness (including health, energy, stamina).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (c) Memos, letters, wires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (6) Forcefulness and aggressiveness as required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Consider: Zconciseness; Zclarity; Zorganization<br>± thoroughness; Zaccuracy; z adequacy and perti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (7) Judgment, including common sense, ability to arrive at proper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nency of leads; Zadministrative detail.)  (20) Performance as a witness.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| conclusions; ability to define objectives.  (8) Initiative and the taking of appropriate action on own-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (21) Executive ability:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| responsibility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Leadership, (b) Ability to handle personnel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (9) Planning ability and its application to the work.  (10) Accuracy and attention to pertinent detail.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (c) Planning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (10) Accuracy and attenuou to permient detail.  ———————————————————————————————————                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (d) Making decisions.<br>— (e) Assignment of work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (12) Productivity, including amount of acceptable work produced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - (f) Training subordinates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ∠ (g) Devising procedures<br>∠ (h) Emotional stability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| attributable to causes beyond employee's control.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (i) Promoting high morale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and know how of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (j) Getting results (22) Ability on raids and dangerous assignments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| application.  (14) Technical or mechanical skills.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (a) As leader                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| (14) Technical of mechanical skins.  (15) Investigative ability and results:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (b) As participant (23) Organizational interest, such as making of suggestions for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (a) Internal security cases                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | improvement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (b) Criminal or general investigative cases (c) Fugitive cases                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (24) Ability to work under pressure.  (25) Miscellaneous. Specify and rate:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (d) Applicant cases                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dictation ability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (e) Accounting cases (16) Physical surveillance ability.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Automobile driving ability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| A. Specify general nature of assignment during most of rating period (suctor, etc.):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | h as security, criminal, applicant squad, or as resident Agent, supervisor, instruc-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Supervisor in Charg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e of Unit; Supervisor - security matters.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| B. Specify employee's most noteworthy special talents (such as investigator, Desk man,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | desk man, research, instructor, speaker):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| C (1) Is amployed available for general assignment wherever needs of servi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ce require Yes (If answer is not 'yes', explain in narrative comments.) be require Yes (If answer is not 'yes', explain in narrative comments.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D. Has employee had any abnormal sick leave record during rating period?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No (If so, explain in narrative comments.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| . A MYCTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OKT ON THE PROPERTY OF THE PRO |
| ADJECTIVE RATING: SATISFAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Outs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tanding; Satisfactory, Unsatisfactory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |



Agent Tully presents an excellent appearance. He is personable, intelligent, and is effective in meeting and dealing with others. There are no limitations on his availability. He is in good personal health and has no physical limitations which would affect his performance. He is believed to be fully capable of participating in raids and dangerous assignments. He has demonstrated his ability to handle and supervise complicated investigative matters.

During the rating period and until 7/1/55 Agent Tully served as a supervisor in the Sovme Unit. Since 7/1/55 he has been assigned as Supervisor in Charge of that Unit. This Unit supervises highly complex investigations arising from Bureau Source material and coordinates the communications intelligence work of the Bureau from an investigative standpoint. Seven other Agent Supervisors are assigned to this Unit.

Agent Tully has a clear understanding of the objectives of his Unit and has given the Unit sound, constructive guidance. He has demonstrated his ability to organize and plan work assignments to see that objectives are accomplished. He is one of the more experienced Agents in the service in Soviet espionage matters and this experience, coupled with a thorough familiarity with the specialized field of communications intelligence, have enabled him to function very effectively both as a case supervisor and as a coordinator of the work of others.

During the rating period Agent Tully has directed the operations of one of the Bureau's most important and valuable informants in an intelligence matter having international ramifications. He has been tenacious in his supervision of this matter and has been decisive in reaching solutions to the problems involved.

Agent Tully has demonstrated definite administrative qualities in the coordination of the work of the Sovme Unit. He has devoted considerable time to researching and examining the specialized procedures of the Unit in order to attain better efficiency. He willingly accepts responsibility, is firm and impartial in dealing with personnel, and has earned the respect of those with whom he works.

1933

#### PART II SPECIFIC COMMENTS

- Justification for any Minus Ratings Given
   Not applicable.
- 2. Experience and Ability as Inspector's Aide
  Qualified 8/25/55 but not utilized as yet.
- 3. Participation in Informant Programs

  Not applicable.
- 4. Testifying Experience and Ability
  Not applicable.
- 5. <u>Disciplinary Action</u>
  None

- 6. Accounting Information
  Not applicable.
- 7. <u>Police Instruction</u>
  Not applicable.
- 8. Sound Training
  Not applicable.
- 9. Potentiality for and Interest in Administrative Advancement

Agent Tully is interested in administrative advancement. In view of his demonstrated supervisory and administrative ability it is believed he represents excellent potential for further development. It is believed that he is immediately capable of discharging the responsibilities of an ASAC.

ERT

# fice Memorandum • UNITED STATES GOVERNMENT

MR. TOLSON

FROM

SUBJECT:

EDWIN RAYMOND TULLY

SPECIAL AGENT

SUPERVISOR IN CHARGE - SOVME UNIT, ESPIONAGE SECTION

DOMESTIC INTELLIGENCE DIVISION

**EOD 8/20/41 - CLERK** 

EOD 1/4/43 - SPECIAL AGENT

GS-14, \$10, 320

Markon

Winterrowd Tele. Room Holloman

Boardman

The above-captioned Special Agent Supervisor, whose name appears on the ASAC Advancement List, was interviewed by me on 4/11/56.

## BACKGROUND:

A NATIVE OF Agent Tully is an Agent from New York. He is 37 years of age, is married and has three children. He was assigned to a total of five field offices prior to coming to the Seat of Government on 2/11/52. During his field experience he served as a resident Agent in two different localities. During his entire career he has had approximately three years of criminal experience, the last ten years have been devoted exclusively to security-type work. His supervisory experience at the Seatof Government has been entirely within the Domestic Intelligence Division Espionage Section, but he has worked on two different desks within the Section. His entire Bureau record has been substantial. . During the past three years he has received two letters of censure.

## RESULTS OF INTERVIEW:

Tully makes an excellent personal appearance and appears to be above average in every respect, and should make a very capable Bureau representative in whatever assignment he is given, particularly if it involves meeting the public. In his capacity as Supervisor of the SOVME Unit he has seven other Supervisors and eight clerks under his supervision. He is obviously very enthusiastic and interested in his assignment. He is anxious to progress as far in the Bureau as he has the capability. While he is very much interested in his present assignment, he is completely available and desires to advance either in the field or at the Seat of Government, depending upon whatever assignment the Bureau considers him best qualified to fill. When questioned concerning his criminal experience, he stated that he did have good experience for the first three years he was in the Bureau; states he does not feel he would have any difficulty in becoming acclimated if placed in a field supervisory assignment, but recognizes it would take him a few months to really get back in the swing of field administration in criminal work. cc-Mr. Molf 7 APR 26 1956

GAN:DMG Enclosure

Memorandum to Mr. Tolson RE: EDWIN RAYMOND TULLLY

Tully had two suggestions which are believed to be very worth while and should be given consideration:

- A Supervisor who has devoted the majority of his time to security work might find it advantageous to be given a supervisory assignment in the Investigative Division for a reasonable period of time prior to being transferred to the field in a supervisory capacity. Likewise, a Supervisor in the Investigative Division should be given an assignment in the Domestic Intelligence Division before going to the field. He feels that this would enable the employee in question to again become familiar with the work he has had the least to do with over the past several years.
- Tully feels that some consideration might be given to giving those employees selected to go to the field in an administrative capacity some type of public speaking experience. In this regard I think consideration might be given to having those employees on the ASAC Availability List given speaking assignments before small groups in this area as part of their training for the ASAC job.

## CONCLUSION:

This man is decidedly above average. He should be able to give a good account of himself as a field administrator and should be given early consideration for an ASAC assignment.

It is believed that consideration should be given to Tully's suggestions enumerated above, as they seem to have considerable merit.

Jewisher John Son

I think I possible near about of things

PERMANENT BRIEF OF SA EDWIN RAYMOND TULLY ATTACHED HERETO

1-2

Standard Form 88
(Kev-Aug. 200)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

# REPORT OF MEDICAL EXAMINATION

| 4)                       | <u>, , , , , , , , , , , , , , , , , , , </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                       |                         | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
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|                          | -FIRST NAME-MIDDLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | - 7 <sup>-</sup> 4                     | 2. GRADE AND COMPO                    |                         | 3. IDENTIFICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                          | , EDWIN RAYMOND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | Special A                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 4. HOME ADDR             | RESS (Number, street or RFD, city or town, zone as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nd State)                              | 5. PURPOSE OF EXAMI                   | INATION                 | 6, DATE OF EXAMINATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| 5 I                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | Annual                                | 144                     | 4-6-56                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| 1                        | 8. RACE 9. TOTAL YRS. GOVT. SER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | Y. OR SERVICE                         | 11. ORGANIZATION UNIT   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <u> </u>                 | W STATE OF THE STA |                                        | · · · · · · · · · · · · · · · · · · · |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 12. DATE OF BI           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14. NAME, RELATIONSHIP,                | AND ADDRESS OF NEXT                   | OF KIN                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 11-30-                   | 19 N.Y. FACILITY OR EXAMINER, AND ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 116 07                                 | HER*INFORMATION                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| IJ. EXAMINING            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,],*•• 01                              | ner information                       | •                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                          | N.N.K.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 7. RATING OR             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | THIS CAPACITY: TOTAL                  | LAST SIX                | MONTHS item number before each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| ADDIAL ABNOR             | CLINICAL EVALUATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | comment; con                           | tinue in item 73 and                  | d use additional sheets | if necessary.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| WAL MAL                  | umn: enter "N. E." if not evaluated)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                                      | •                                     |                         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| <u>x</u>                 | 18, HEAD, FACE, NECK, AND SCALP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                      |                                       | •                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| X                        | 19. NOSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>.</b>  ,                            |                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| X                        | 20. SINUSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                      |                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| X                        | 21. MOUTH AND THROAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>.</b>  ;                            |                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <u>x</u>                 | 22. EARS—GENERAL (Int. & ext. canals) (Auditory active under items 70 and 71)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -                                      |                                       | т                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| X                        | 23. DRUMS (Perforation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>-</b>                               |                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| X                        | 24. EYES—GENERAL (Virual acuity and refraction under stems 69, 60, and 61)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        | •                                     |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| ne                       | 25. OPHTHALMOSCOPIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                      |                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| X                        | 26. PUPILS (Equality and reaction)  27. OCULAR MOTILITY (Associated peraltel move- mente, nucleonius)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <u> </u>                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | _                                     | ( * ·                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| ×                        | 28. LUNGS AND CHEST (Include breasts)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -                                      |                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| X                        | 29, HEART (Thrust, size, rhythm, sounds)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | .                                      | •                                     |                         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| X                        | 30: VASCULAR SYSTEM (Varicosities, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                       |                         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| <u>x</u>                 | 31. ABDOMEN AND VISCERA (Include hernia)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        | -                                     | _                       | ĭ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| X                        | 32. ANUS AND RECTUM (Hemorrhoide, fistulae)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                                      |                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <u> </u>                 | 33. ENDOCRINE SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                                      | *                                     | -                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| X .                      | 34. G-U SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ,                                      |                                       | -                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| X                        | 35. UPPER EXTREMITIES (Normach, sange of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                       |                         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| <u> </u>                 | 36. FEET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                       |                         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| x                        | 37. LOWER EXTREMITIES (Strength range of motion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>2</u> [;                            |                                       |                         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| X                        | 38. SPINE, OTHER MUSCULOSKELETAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                                       | *                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| <u> </u>                 | 39. IDENTIFYING BODY MARKS, SCARS, TATTOO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S -                                    |                                       | To.                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| X. [:                    | 40. SKIN, LYMPHATICS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        | . <b>(</b> .                          |                         | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| X                        | 41: NEUROLOGIC (Equilibrium tests under item 72)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 02507 6195                           | . संदेश                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| X I                      | 42. PSYCHIATRIC (Specify any personality deviation)  (Check how done)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ENCLOSI                                | . مېدلال                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Females only             | 43. PELVIC D VAGINAL D RECTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ) '(                                   | (Ci-4:-):                             | ie in item 73)          | 3 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| M neuron (P              | lace appropriate symbols above or below number of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | upper and larger teeth refinisting     |                                       |                         | TIONAL DENTAL DEFECTS AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                          | Restorable teeth XMissing teet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | h (6×8).—Fixed                         | bridge, bruckels to                   | DISEASES                | inome point person, the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                          | -Nonrestorable teeth XXXReplaced by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | dentures includ                        | le àbutments                          | Calculus                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| , O .                    | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | R                                      | ECODO X                               | -                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| R .l.                    | 2 3 4 45 6 7 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 19 10. 11. 12                          | 13 WHUE 15 46                         | 强 107-2                 | 11900-166                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| H 35                     | 31 30 29 28 27 26 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 24 23 22 21° 2                         | 20 19 181 17                          | ST.                     | 1 / 00 - 7 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| 1.                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | **** ·                                 |                                       | Sear                    | oned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| * ·                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LABORATORY- FIND!                      | NGS.                                  | Num                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| E unust ver              | Sr. SP. GR. 1.021 146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . CHEST X-RAY (Place, date; film       | <del></del>                           |                         | cify test used and result)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| 45. URINALYSI<br>ALBUMIN | SUGAR MICROSCOPIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | e municie result)                     | 1 9                     | nantimo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Neg.                     | Neg. Neg.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Negative 46623                         |                                       | Kahn, K                 | egath ye 1 1956                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Weg•                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OTHER TESTS                            | · · · · · · · · · · · · · · · · · · · |                         | PENEAU OF ASESTICATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| يٽ جئي.                  | FACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | · •••••••••••••••••••••••••••••••••••• |                                       | مانية وعندسند.          | THE RESERVE OF THE PARTY OF THE |  |  |
|                          | KAT I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -                                      | _ ×                                   |                         | _/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Λ ····                   | in white                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                       |                         | 3/200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                          | 1955 Tubb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Y =                                    |                                       | ) <del>)</del> =        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| — *I                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                       |                         | 16-62288-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |

| # ·                                     | ٠.          |                |           |                | MEA          | SUREMEN      | TS AND       | OTHER                 | FINDING | GS                       |            | *         | ٠.        |                         |                 |
|-----------------------------------------|-------------|----------------|-----------|----------------|--------------|--------------|--------------|-----------------------|---------|--------------------------|------------|-----------|-----------|-------------------------|-----------------|
| 51. HEIGHT 52.                          | WEIGHT      | -              | 53        | . ထယ           | HAIR         |              | 54.          | 54. COLOR EYES 55.    |         |                          | 55. BUILD: |           |           |                         | 56. TEMP.       |
| 71                                      | . 17        | 0              |           | Bro            | OWN          | ,            | Blue         |                       |         |                          | S          | LENDER    |           | EAVY OBESE              |                 |
| 57. BLOOD PRESSURE (Arm at hea          | rt level) . |                |           |                |              | -            | 58. g        | ULSE (1               | rm at h | reart level)             |            |           |           |                         |                 |
| SITTING SYS. 122 RECUM. SYS. DIAS. 76   |             |                |           | NDING<br>min.) |              |              | SITTING 76   |                       | T       | AFTER EXERCISE 2 MIN. AF |            | IFTER     | RECUMBENT | AFTER STANDIN<br>3 MIN. |                 |
| 9. DISTANT VISIO                        | N .         |                | 60        | DIAS           |              |              |              | ACTION                |         |                          | 61.        | L         |           | NEAR VISION             |                 |
| RIGHT 20/ 20 CORR.                      | 10 20/      | <u>.</u>       | ВУ        |                |              | S.           | ¥            | СХ                    |         |                          | 0.         | 6214      | ÇORR, TO  |                         | BY              |
| EFT 20/ 20 CORR.                        | BY          | BY S.          |           |                |              | cx           |              |                       |         | 62M                      | CORRAT     | 0         | BY        |                         |                 |
| 2. HETEROPHORIA: (Specify distance) ES° | ( E)        | ζ <sup>έ</sup> | R:        | н,             |              | L H:         |              | PRIS                  | M DĨV.  | 1                        | PRIS       | M CONV.   |           | PC                      | PO              |
| 3. ACCOMMODATION                        |             | 64. c          | OLOR VISH | ON (Tes        | t used a     | nd resul     | 1)           |                       |         | RCEPTION                 | UNCC       | RRECTED   | )         | -                       | ox c            |
| RIGHT LEFT                              |             | 1              | AOC       | 194            | <b>1</b> 0   | 18/18        | 3            | (Test used and score) |         |                          | CORRECTED  |           |           |                         |                 |
| 66. FIELD OF.VISION                     | -           | 67. N          | IGHT VISK | ON (Test       |              |              |              | 68. ॄREI              | LENS    |                          | ,          |           | 69. INT   | RAOCULAR TE             | ENSION          |
| 0. HEARING                              | 71, *       |                |           | ŽAU            | DIOMET       | ER           |              |                       | -       | 72. PSYC                 | HOLOG      | SICAL AND | D PSYCHON | AOTOR (Tests            | used and score) |
| RIGHT WV /15 SV /15                     |             | 250            | 500       | 1000           | 2000<br>2048 | 3000<br>2896 | 4000<br>4096 | 8192                  |         | ] .                      |            |           |           |                         |                 |
| 15 715 SV 15 715 SV 15 715 SV           | RIGHT       |                |           | †              |              |              |              |                       | (       | 7                        |            |           |           |                         |                 |
|                                         | LEFT        | 1              |           |                |              |              |              | 1                     | 1       | 7                        |            |           |           |                         |                 |

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with them numbers)

| 75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)     |                      |                                       | 76.      |          | PHYSICAL PROFILE                      |                |       |   |
|-----------------------------------------------------------------------------|----------------------|---------------------------------------|----------|----------|---------------------------------------|----------------|-------|---|
| -<br>·                                                                      |                      |                                       | . Р      | U        | Ĺ                                     | Н              | E,    | s |
|                                                                             |                      | · · · · · · · · · · · · · · · · · · · |          | <u> </u> | <u> </u>                              |                |       |   |
| 7. EXAMINEE (Chéck)  10 IS  11 IS QUALIFIED FOR STRENUOUS PHYSICAL exertion | PHYSICAL CATEGORY    |                                       |          |          |                                       |                |       |   |
| 78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER             |                      | A                                     |          | В        | С                                     |                | E     |   |
|                                                                             |                      |                                       |          |          |                                       |                |       |   |
| 79. TYPED OR PRINTED NAME OF PHYSICIAN                                      | SIGNATURE            |                                       |          |          |                                       |                |       |   |
| G. R. JOHNSTON, CAPT, MC, USN                                               | /s/ G.               | R. Johnsto                            | on       |          |                                       |                |       |   |
| 80. TYPED OR PRINTED NAME OF PHYSICIAN                                      | SIGNATURE            | · · · · · · · · · · · · · · · · · · · |          |          | · · · · · · · · · · · · · · · · · · · |                | ,     |   |
| 81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)          | SIGNATURE            | <del></del>                           |          |          |                                       |                |       |   |
|                                                                             | /s/ A.               | T. Smith                              |          |          |                                       |                |       |   |
| 82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY       |                      | -                                     | *        |          |                                       | UMBER<br>ACHED |       |   |
| U. S. COMENT PRINTING OFFICE:                                               | 1953-O-243413 16-622 |                                       | <u>-</u> |          |                                       | L_             | ••••• |   |

# ATTACHMENT TO STANDARD FORM 88 (Revised December 5, 1955)

#### Report of Medical Examination

### FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

| 2  | 67                                     |
|----|----------------------------------------|
| 3  | 68                                     |
| 11 | 69                                     |
| 14 | 71 (Item 71, audiometer examinations,  |
| 17 | should be afforded whenever possible.) |
| 62 |                                        |
| 65 | 72                                     |

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X-ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

# FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee qualified for strenuous physical exertion. (Designate which)

#### FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms? Does examinee have any defects prohibiting safe operation of motor vehicles?

If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

(Signature of Medical Examiner)

APR 10 1956

(Date)

CATE OF THE PARTY OF THE PARTY

7-211900-160

TOLLY, E.R.



Mr. Belmont

Director, FBI

#### SPECIAL ADMINISTRATIVE SCHOOL

You should instruct the following Special Agents to report to Room 693, Old Post Office Building, at 10 A.M. on Kay 7, 1956, for attendance at a Special Administrative School. This school will be completed at 4:30 P.M. on Kay 15.

J. Wright Brown
Richard W. Corman
Frank V. Hitt
Edwin R. Tully
Harold E. Welborn
William C. Thornton

Confirm attendance.

CC - Mr. Mason ERC:gb (9)

> YELLOW DUPLICATE APR 2 3 1956 MAILED

OLICIAM FILED IN

Thirty

May 31, 1956

I certify that I have received the following Government property for official use:

Official Police Revolver #725808

RETURNED = 6 g ~ 70-222 = 1752

Official Police Revolver #708398

18

37章例的 RFCORDED (a)

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MULTILATE IT IN ANY WAY.

3-M PER JL B

Very truly yours,

Standard Form 47
(December 1955)
U. S. Civil Service Commission
Is Chanter M-2 R P.M

# PHYSICA FITNESS INQUIRY FOR MOTOR VEHICL PERATORS

| LAST NAME-FIRST NAME-MIDDLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     | 3. TITLE OF POSITION                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TULLY EDWIN RAYMOND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11-30-19.                                                                                                           | SPECIAL AGENT                                                                                                                                                                                                                                                                                                                                               |
| TOLLY COWIN ENTITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     | •                                                                                                                                                                                                                                                                                                                                                           |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3                                                                                                                   | 5. EMPLOYING AGENCY                                                                                                                                                                                                                                                                                                                                         |
| 7337 HAWTHORNE ST. HYATTSYIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rs. MD.                                                                                                             | F.B.I.                                                                                                                                                                                                                                                                                                                                                      |
| 1.1951 LIHMINOKUS SI. HIMITA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                     | , , ,                                                                                                                                                                                                                                                                                                                                                       |
| 6. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | )                                                                                                                   | ,                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                             |
| YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YES NO                                                                                                              |                                                                                                                                                                                                                                                                                                                                                             |
| Poor visión in one or both eyes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -1                                                                                                                  | itia vhoumetiam avvollen en neinful icinta                                                                                                                                                                                                                                                                                                                  |
| 1 out vision in one of both eyes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                   | ritis, rheumatism, swollen or painful joints                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     | of hand, arm, foot, or leg                                                                                                                                                                                                                                                                                                                                  |
| Tool hearing in one of bour cars                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1—                                                                                                                  | mity of hand, arm, foot, or leg                                                                                                                                                                                                                                                                                                                             |
| Diabetes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     | ous or mental trouble of any kind                                                                                                                                                                                                                                                                                                                           |
| Palpitation, chest pain or shortness of breath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     | outs or epilepsy                                                                                                                                                                                                                                                                                                                                            |
| Dizziness or fainting spells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                     | r or albumin in urine                                                                                                                                                                                                                                                                                                                                       |
| Frequent or severe headaches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del></del>                                                                                                         | ssive drinking habit (ALCOHOL)                                                                                                                                                                                                                                                                                                                              |
| High or low blood pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Other                                                                                                               | serious defects or diseases                                                                                                                                                                                                                                                                                                                                 |
| Drug or narcotic habit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ,                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                             |
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| 7. IF YOUR ANSWER IS "YES" TO ONE OR MORE OF THE ABOVE QUES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STIONS, EXPLAIN FU                                                                                                  | LLY IN THIS SPACE:                                                                                                                                                                                                                                                                                                                                          |
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| 8., (A) DO YOU WEAR GLASSES? YES YOO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) DO YOU WEAR                                                                                                     | CONTACT LENSES? TYES TO                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (B) DO YOU WEAR                                                                                                     | CONTACT LENSES? YES YO                                                                                                                                                                                                                                                                                                                                      |
| (C) DO YOU WEAR A HEARING AID? YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                             |
| (C) DO YOU WEAR A HEARING AID? YES NO  I certify that my answers above are full and true, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I understand that                                                                                                   | a false statement or dishonest answer to any                                                                                                                                                                                                                                                                                                                |
| (C) DO YOU WEAR A HEARING AID? YES NO  I certify that my answers above are full and true, and question may be grounds for cancellation of my eligibility of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I understand that                                                                                                   | a false statement or dishonest answer to any om the service and is punishable by law.                                                                                                                                                                                                                                                                       |
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|    | NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         | DATE /                                         |
| 1  | TULLY: EDWIN R.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | 6-7-56                                         |
| ١  | DIVISION AND SECTION ASSIGNED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | POSITION TITLE                                          | , ., .,                                        |
|    | 5 ESPIONAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SPECIAL AGG                                             | THE                                            |
|    | THIS IS TO CERTIFY THAT I PRESENTLY HOLD DO NOT HOLD DRIVER'S LICENSE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4 -                                                     | PERMIT OR                                      |
| ١  | DEDULT LEGIED DV.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | prout Tunio so                                          | 500.00                                         |
| ١  | PERMIT ISSUED BY: MARYLAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PERMIT NUMBER                                           | PERMIT EXPIRES                                 |
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|    | THIS IS AN UNRESTRICTED (RESTRICTED, EXP<br>(STRIKE OUT ONE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PLAIN BELOW)                                            |                                                |
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|    | THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS I HAVE DE ALLY OWNED) APPROXIMATELY 20,000 MILES. DURING THIS TIME TRAFFIC VIOLATION TICKET; (B) I HAVE TO HAVE NOT BEEN HELD INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, PLEASE DATES OF OFFENSES.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (A), I HAVE HAVE NOT.  DAT FAULT* AS THE DRIVER OF A MO | RECEIVED A<br>TOR VEHICLE                      |
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|    | * "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY IS CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SIGNATURE OF OPERATOR                                   |                                                |
| ب_ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y or annual yr or annual                                | <u>.                                      </u> |
| _  | NAME OF OPHICAL OFFICIAL AND ADDRESS AND A | III I aaaamaa mamad                                     | DATE                                           |
| ,  | name of reviewing official (print - last, first, middle initial Donahoe, Sterling B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Special Agent                                           | 6-13-56                                        |
|    | THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AND REFL<br>OPERATION OF A NOTOR VEHICLE ON OFFICIAL BUSINESS DURING THE PAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ECTS THE, FOLLOWING INFORMATION C                       | ONCERNING THE                                  |
|    | CONTINUOUS SAFE DRIVING RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -                                                       | -                                              |
| ,  | INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAULT **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |                                                |
|    | I CERTIFY THAT THIS EMPLOYEE IS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |                                                |
|    | QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECORD TO OFFICIAL BUSINESS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OPERATE MOTOR VEHICLES ON                               | ~                                              |
| •  | NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFICATION A ROAD TEST EXAMINATION BEFORE OPERATING A MOTOR VEH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |                                                |
|    | REMARKS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         | -                                              |
| ,  | (3) m7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | JA 18                                                   | - · · · · · · · · · · · · · · · · · · ·        |
|    | 7 - NOT REGORDED 5 JUN 22 1900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |                                                |
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|    | TAKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST. THE EMPLOYEE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (SIGNATURE OF REVIEWING OFFIC                           | TAL                                            |

B. E. (10.5)

Director, FBI

SA EDWIN R. TULLY SPECIAL ADMINISTRATIVE SCHOOL. 5/7 - 15/56

The above-named employee attended the Special Administrative School from 5/7 - 15/56.

Agent earned 8 hours' voluntary overtime on one calendar day during the above-mentioned period.

GCG:rr,

Tolson. Nichols . Boardman Belmont . Mason \_ Mohr. Parsons, COMM - FOI Rosen . Tamm. MAY 25 1953 Nease . Winterrowd MAILED 31 Tele. Room \_\_ Holloman . Gandy .

STANDARD FORM NO. 64

# Office Memorandum • United States Government

TO : MR. MASON

DATE: 6-7-56

Tolson \_ Nichols

Boardman
Belmont —
Mason —
Mohr —

Parsons.

Winterrowd -Tele, Room Holloman -

HEARD GRESSE

LECTURE

Rosen . Tamm . Nease .

Gandy

FROM

MR. GEARTY

SUBJECT:

SPECIAL AGENT EDWIN R. TULLY ALTERNATE INSTRUCTOR

By memo 6-1-56 from Mr. Branigan to Mr. Belmont, captioned agent was designated to be alternate instructor to SA Emory M. Gregg for presenting material in Espionage Matters to various training classes.

In order to insure that Mr. Tully is fully qualified to handle Mr. Gregg's assignments, should it become necessary, the following program is suggested:

1. That, if Mr. Tully has not already done so, he review Training Document entitled Training Document Methods for FBI Instructors.

2. That Mr. Tully audit instruction by Mr. Gregg next time Gregg lectures to In-Service Class at Quantico.

3. That Training and Inspection Division be advised in advance first time Mr. Tully is to lecture before In-Service Class or New Agents Class in order that he may be audited.

## RECOMMENDATION:

If you approve, it is recommended that this memorandum be forwarded to Domestic Intelligence Division for appropriate action.

WAX:sat

RECORDED - 142

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THE

STANDARD FORM NO. 64 UNITED STATES GOVERNMENT : MR. BELMONT DATE: June 1, 1956 Tolson. W. A. BRANIGAN Nichols. Boardman Belmont, Mason SUBJECT: Mohr. TRAINING MATTERS Parsons ESPIONAGE SECTION Rosen Tamm Nease. Winterrowd Special Agent Edwin R. Tully has been Tele. Room designated to be the alternate for Special Agent Emory M. Holloman Gregg in presenting training material to New Agent Classes, Accounting In-Service Classes and Two-Year In-Service Classes. SA Tully has had considerable experience both investigating and supervising espionage matters. He makes an excellent personal appearance and has a fine speaking voice. He is alert, quick to think, on his feet, knows Bureau policy and should do a very capable job. ACTION: For your information. (5)cc: Belmont Mason Branigan Personnel File - Edwin R. Tully RECORDED - 100 Marin Wit 2 JUN 14 1556 FEDRIAL GOVERN OF NYEARSATION 2-man

MR. BELMONT

Juno 28, 1050

W. A. BRANGAN

ORGANIZATION - ESPIONAGE SECTION ACSIGNMENT OF PERSONNEL

By letters dated June 27, 1056, Eupervisors Harold E. Welborn and Edwin R. Tully were designated as Applicant Special Agents in Charge and assigned to field corvice. Both Agents Tully and Welborn were Supervisors in Charge in the Esplonage Section. Edwin R. Toll

It is my recommendation that SA Anthony P. Litrentô be designated to replace Agent Tully an Eupervisor in Charge of the Soyme Unit of the Eupervisor Section. Agent Litrento is presently in G3-14 and has been assigned as a Eupervisor in the Soyme Unit. He has been acting as the Supervisor in Charge in the absence of Agent Tully. Agent Litrento is an expert in the Soviet field and has an exceptional knowledge of this particular type of work. Mr. Tolson spoke with Mr. Litrento in June, 1055, and was of the opinion that he should be borne in mind for positions of even more responsibility in security work.

It is my recommendation that SA W. Haymond Wannall be designated as the Supervisor in Charge of the Nationality Unit in the Employage Section to replace Mr. Welborn. Mr. Wennall is presently in Grade GS-14 and was formerly Supervisor in Charge of this Unit. Following the special inspection of the New York Office in the S pring of 1955, it was decided that there was a need for greater coordination of the Intensification Program at the Seat of Government. SA Wannall was designated as the coordinator for this program in the Employage Section. In this regard he has done a commendable job in instituting controls for surveillances and in following through on the Eureau's instructions. In view of the number of important matters presently being handled by the Nationality Unit in the Explenage Section, it is believed that the services of Wannall can best be utilized as Supervisor in Charge of that Unit.

To replace Agent Wannall as coordinator of the Intensification Program it is recommended that Agent Rex I. Shreder be designated. Agent Shreder has had considerable experience in Seviet espienage investigations. While he has not worked directly on the Intensification Program since his assignment in the Espienage Section, he is considered an above average supervisor and it is felt that he can handle the jeb of coordinator.

We, of course, will need replacements for Agents Shroder and Litrento and In view of the volume of work presently being handled in the Espicinage Section, such replacements should be expedited.

WAB:hmm

(0) cc: Porceand file - Harold E. Welborn Personnol file - Edwin R. Tully

Perconnol file - Anthony P. Litrento Perconnol file - W. Raymond Wannall

Percennel file + Rex I. Ehroder

MEMORANDUM FOR MY BELMONT

## ACTION:

1. It is recommended that Agent Litrento be designated as Supervisor in Charge of the Sovme Unit, that Agent Wannall be designated as Supervisor in Charge of the Nationality Unit, and that Agent Shroder be designated to replace Wannall as coordinator of the Intensification Program in the Espionage Section.

2. This memorandum should be referred to the Administrative Division so that appropriate replacements for Agents Shroder and Litrento can be ordered from the field on an expedite basis.

(SEE OVER)

MELORANDUM FOR MR. DELLONT DATED 6-28-56. OUGANIZATION - ESPIONAGE SECTION, ASSIGNMENT OF PERSONNEL

# RECOMMENDATION OF ADMINISTRATIVE DIVISION (7-5-56 FDII:hel)

Administrative Division concurs with recommendation that Agent Litrento be designated as Supervisor in Charge of the Soyme Unit that Agent Wannall be designated as Supervisor in Charge of the Nationality Unit, and that Agent Shroder be designated to replace Agent Wannall as coordinator of the Intensification Program in the Espionage Section. Ecplacements for Agents Shroder and Litrento are being handled separately.

PERMANENT BRIEFS OF FILES OF AGENTS LITHENTO, WANNALL AND SHOODER ARE ATTACHED

Mr. Manta A. Tally Inuestigetten rederal sureau of Fashington, S. C.

### PARCOLLA AND TOWNSHIPS

Ar. Pelly: Dear

Your headquarters are changed from to Frinks to Friends, as Assessment Special Agent in Charge, effective upon your arrival there on or after this date. This change is made for official reasons and you will be allowed transportation expenses and per diem at the rate of \$12.00 per day within the U.S., \$6.00 per day for air travel outside the continental limits of the U.S., \$7.00 per day for ocean travel by steamship, transportation expenses for your immediate family, and transportation cost of household goods and personal effects as provided for in Public Law 600 dated August 2, 1946, and Executive Order 9805, approved November 25, 1946, as amended. You are authorized to use your privately owned automobile and you will be reimbursed at the rate of ten cents per mile plus incidental expenses, not to exceed the cost by common carrier over the most direct route for all persons officially traveling therein. Should your dependents travel separate and apart from you, expenses will be allowed under the same conditions as above.

Very truly yours,

En. Deover

John Edgar Hoover Director

Submit a 80-day performance rating on CC - Sic, Oblahoma City (760)

this Agent. Balmont (Pac) Advise the Administrative Division within

de hours departure date and arrivel date.

Mr. Michals Mr. Mason

Mr. Neese

Mr. Newman Gebl Ja W Mrs. Artell |

Miss Usilton

Mr. H. L. Edwards

ERC:9b (11)

MAILED 6

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JUN 271956

COMM - FBI

Tolson Nichols Boardman

Holloman -

# Office-Memoraldum . United States Government

TO

MR. TOLSON

DATE: June 26, 1956

FROM:

J. P. MOHR

SUBJECT:

5 8 mg/1

PERSONNEL CHANGES

rector Animasey

Arsons
Rosen
Tamm
Nease
Winterrowd
Tele. Room

Pursuant to the approval of the Director, ASAC Hargett, Boston, Vinterrowd and ASAC Moore, Denver, have been ordered to the Training and Inspection Division, thus creating vacancies in those offices. In addition, ASAC Gandy—Fauntleroy, has been removed as ASAC of the Charlotte Office and transferred on general assignment. In view of the above, the following personnel changes are being recommended.

Top at the

I. It is recommended that ASAC Aubrey S. Brent Miami Division, be designated ASAC of the Boston Division with no change in grade or salary.

Mr. Brent entered on duty December 2, 1940, and is presently in grade GS-14, \$10,535 per annum. He is 40 years of age, married, and has three children. He has a Bachelor of Laws Degree, is a member of the District of Columbia Bar, and a member of the Masonic Order. He served as ASAC of the Atlanta Division from June 15, 1953, to July 25, 1955, when he assumed his duties at Miami. His services have been very satisfactory. No administrative action has been taken against him during 1956, and the last inspection of the Miami Office in December, 1955, reflected that he was performing his duties in a highly satisfactory manner. The office was found to be in good condition.

Jr., of the investigative Division be designated ASAC of the Miami Division with no change in grade or salary.

Mr. Frohbose entered on duty March 3, 1941, in a clerical capacity and was appointed Special Agent January 4, 1943. He is presently in grade GS-14, \$10,320 per annum; is 37 years of age, married, and has two children. He attended college and law school. His over-all service record may be considered above average. Mr. Frohbose is presently assigned to the Criminal Section, Investigative Division, as the Supervisor in Charge of the Deserter-Fugitive Unit. From July 7, 1948, to March 20, 1950, he served as ASAC at Anchorage in a satisfactory-market.

Mr. Frohbose's name appears on top of the current ASAC Advancement List. He was interviewed by Inspector Nease on March 15, 1967, and 15r. Karse

advised that he made an above average personal appearance, conversed well, was straightforward, and gave the impression of sincerity. He appeared to be enthusiastic and well informed concerning his work. He advised Mr. Nease that he desired to advance as far as he could in the Bureau's service and expressed a particular desire to eventually become an SAC. Mr. Nease concluded that Mr. Frohbose presented somewhat above average prospects for advancement to the position of ASAC and thought that he could do a commendable job in this regard at the present time. No administrative action has been taken against Mr. Frohbose during 1956.

III. I recommend that ASAC Alles Gillies, Pittsburgh Division, be designated ASAC of the Denver Division with no change in grade or salary.

Mr. Gillies entered on duty December 16, 1940, and is presently in grade GS-14, \$10,535 per annum. He is 42 years of age, married, and has two children. He has a Bachelor of Laws Degree and is a member of the California State and Federal Bars. Mr. Gillies served as ASAC at Buffalo from November 5, 1953, until July 30, 1954, when he was designated ASAC at Pittsburgh. His over-all record may be considered satisfactory.

As a result of an inspection of the Pittsburgh Office in June, 1955, Mr. Gillies was censured and placed on probation for a number of weaknesses found in matters under his direct supervision. He was told it would be necessary to tighten up his supervision and correct the various deficiencies. It appears that he was able to correct the numerous delinquencies as an inspection of the Pittsburgh Office in August, 1955, reflected that he was handling his duties in a satisfactory manner and a noticeable improvement was found during the inspection. The office at that time was found to be in better than average condition in all respects. He was removed from probation August 16, 1955. Mr. Gillies has been recommended for additional responsibility by members of the inspection staff and by his various BACs. He has received one letter of censure in 1956, for approving a report containing a substantive error.

Mr. Gillies is considered to be an excellent contact man. His SACs have pointed out that he presents an excellent personal appearance and is an excellent appearance. The Director saw Mr. Gillies on September 15, 1953; October 13, 1963; and January 13, 1954. On each occasion the Director noted that Mr. Gillies made a good personal appearance and seemed to be enthusiastic about his work. The Historian said he believed Mr. Gillies had good possibilities for advancement in the Exercise. On November 3, 1953, you also saw Mr. Gillies and stated that he impressed you as an exceptionally fine Bureau representative. The Denver Office is an exceptionally fine Bureau representative. The Denver Office is

Office had 1084 cases with 56 investigative personnel while Pittsburgh had 1257 cases with 87 investigative personnel. I feel that ASAC Gillies is a good choice for assignment to Denver at this time.

IV. I recommend that ASAC Frank P Griffee, Oklahoma City, be designated ASAC at Pittsburgh with no change in grade or salary.

Mr. Griffee entered on duty December 2, 1940, and is presently in grade GS-14, \$10,320 per annum. He is 44 years of age, married, and has four children. He has a Bachelor of Laws Degree and is a member of the Nebraska State and Federal Bars. He has been ASAC at Oklahoma City since July 14, 1953, and his services are considered satisfactory. No administrative action has been taken against him during 1955. However, during 1955, it was necessary for the Bureau to censure him on a number of occasions for approving reports with substantive errors. It appears that he has now tightened his supervision as no substantive errors have been charged against him during the past six months.

The Oklahoma City Office was inspected in November, 1955, and was found to be in good condition. The Inspector recommended that Mr. Griffee be considered for additional responsibility such as ASAC of a larger office or SAC of a smaller office. In addition, his Special Agent in Charge is of the opinion that Mr. Griffee has good potential for further advancement in the Bureau. The Director last saw Mr. Griffee on December 1, 1953, and stated that he made a generally good appearance. The Director discussed a number of field office problems with Mr. Griffee at that time.

V. I recommend that Special Agent Supervisor Edwin R. Tully of the Domestic Intelligence Division be designated ASAC of the Oklahoma City Division with no change in grade or salary.

Mr. Tully entered on duty August 20, 1941, in a clerical capacity and was designated Special Agent January 4, 1943. He is presently in grade GS-14, \$10,320 per annum; is 36 years of age, married, and has three children. He has a Backelor of Science Degree and attended law school. His over-all service record may be considered above average. He is 5'11" in height.

Inspector Nease interviewed Mr. Tully on April 11, 1956, and stated that he made an excellent personal appearance and appeared to be above average in every respect. Lir. Hears considered him a very capable Bureau representative lead factionly above average. He recommended that early consideration be given to him a very all and a light of the property approved.

VI. I recommend that Special Agent Supervisor Harold Ev Welborn of the Domestic Intelligence Division be designated ASAC of the Charlotte Division with no change in grade or salary.

Mr. Welborn entered on duty September 8, 1942, in a clerical capacity and was appointed Epecial Agent June 7, 1943. He is presently in grade GS-14, \$10,320 per annum; is 42 years of age, married, and has two children. He has Bachelor and Master of Science Degrees. His over-all service record is very definitely above average.

Inspector Nease interviewed Mr. Welborn on April 9, 1956, and stated that he made an excellent personal appearance, carried on a conversation in a most favorable manner, appeared to be above average in intelligence, and was alert and enthusiastic. Mr. Nease felt that Welborn had the necessary aggressiveness and enthusiasm to develop into an above average field administrator.

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PERSONNEL BRIEFS OF THE FILES OF ASAC BRENT, SA FROHBOSE, ASAC GILLIES, ASAC GRIFFEE, SA TULLY, AND SA WELBORN ARE ATTACHED.



Office Memorandum • UNITED STATES GOVERNMENT

TO: MR. L. V. BOARDMAN DATE: July 5, 1956

FROM: MR. A. H. BELMONT

SUBJECT: EDWIN R. TULLY

Supervisor. Espionage Section

Supervisor, Espionage Section

Domestic Intelligence Division

(Emergency Annual Leave Matter)

Supervisor Tully, who has been designated as Assistant Special Agent in Charge, Oklahoma City Division, returned from leave today. He is scheduled to depart for Oklahoma City on Saturday, July 14.

Tully's wife was hospitalized on Sunday, July 1. She is now home, but unable to take care of the family and household duties. Tully'has arranged for someone to handle this except for tomorrow, July 6. It will be necessary for him to be home on that date on emergency annual leave.

ACTION: I have approved Mr. Tully's leave for July 6.

CEH:LL (5)
cc--Mr. Mohr
cc--Mr. Holloman
cc--Mr. Branigan
cc--Mr. Belmont

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July 6, 1956

## MEMORANDUM FOR MR. TOLSON

Yesterday, I saw Special Agent E. R. Tully, of the Domestic Intelligence Division, who has recently been designated as Assistant Special Agent in Charge of the Oklahoma City Office. Mr. Tully makes a good personal appearance, seems to be interested in his work, and I would rate him above average.

I discussed with Mr. Tully some of the general problems facing the Bureau in the operations of the field and in particular the problems of our Oklahoma City Field Division.

I called attention to the necessity for keeping the delinquency in any class of cases below twenty per cent. I also called attention to the importance of maintaining our accomplishments and pointed out that the Oklahoma City Field Division during the first eleven months of the fiscal year, 1956, had dropped materially in all accomplishments, except in convictions; that the time to put the pressure on in this phase of the Bureau's work is at the beginning of the fiscal year.

I also mentioned to Mr. Tully the need for maintaining a firm and vigorous administration of the Oklahoma City Field Division, but at the same time a fair administration of the same.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | - International Confession                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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JEH:TLC

Tolson ——
Nichols ——
Boardman'
Belmont ——

Winterrowd -Tele. Room Holloman --

111



## RECEIPT FOR GOVERNMENT PROPERTY FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

7/13/56

I certify that I have received the following Government property for official use:

FBI Handbook for FIELD Employees

#### · RETURNED

Manual of Rules and Regulations #585

Manual of Instructions # 7602

✓ FBI Handbook for SOG Employees

V Supervisors Manual #76

Key to Room # 1731.

#### READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ONIT OR MUTIL ATE IT IN ANY WAY.

10 JUL 13 1956

PER DIJUA

Very truly yours,

Edwin R. Tully

# PRECEIPT FOR GOVERNMENT PROPERTY FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

7-11-56

I certify that I have received the following Government property for official use:

New Commission Card with case  $\#\frac{171}{ASAC}$ 

RETURNED

Old Commission Card with case # 5133

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

2 JUL 13 1956

3-M PER 11-B

Very truly yours,

Edwin R. Tully Special Agent

80-6-a.

OFFICE OF DIRECTOR
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

July 5, 1956

Special Agent E. R. TULLY,
Domestic Intelligence Division, who
has been recently designated as
Assistant Special Agent in Charge of
the Oklahoma City Office, called to
request to see the Director at the
Director's convenience sometime
prior to his departure on Friday,
July 13, 1956.

| Mr. Nichols    |
|----------------|
| Mr. Boardman   |
| Mr. Belmont    |
| Mr. Mason      |
| Mr. Mohr       |
| Mr. Parsons    |
| Mr. Rosen      |
| Mr. Tamm       |
| Mr. Jones      |
| Mr. Nease      |
| Mr. Winterrowd |
| Tele. Room     |
| Mr. Holloman   |
| Miss Holmes    |
| Miss Gandy     |
| -              |

Mr. Tolson - --

SA Tully advised that he will be on emergency annual leave all day tomorrow, July 6th, attending his wife, who has just been released from the hospital.

Saturday, June 30th, and was hospitalized on Sunday, July 1st. She has since returned home where she is recovering satisfactorily. He is at work today.

SA Tully will be available all next week. He works from 9:00AM to 5:30PM daily and can be contacted on extension 2006.

File brief on SA Tully is attached. Also attached is the summary of the Oklahoma City Office.

dsw

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10 JUL 10 1956

FEDERAL BUNDAD OF HITEDRICH INTE



# Office Memorandum • United States Government

ro : MR. A. H. BELMONT

DATE: June 28, 1956

FROM

MR. C. E. HENNRICH

SUBJECT:

EDWIN R. TULLY

Supervisor

Espionage Section

Domestic Intelligence Division

(TRANSFER MATTER)

Mohr Pareon Pare

By letter dated June 27, 1956, Special Agent Tully was designated as Assistant Special Agent in Charge at Oklahoma City, Oklahoma. He is absent from the Bureau on his regularly scheduled annual leave, which will end on Friday, July 6, and he will report back to Bureau on Monday, July 9.

I called Mr. Tully at Bethany Beach, Delaware, where he is vacationing with his family, on evening of June 27. I informed him of his transfer. Tully stated he is anxious to depart as soon as possible. He anticipates it will require one week to clear up his work, consult with Bureau officials, and make personal arrangements.

#### RECOMMENDATION:

It is recommended that since Mr. Tully is on his scheduled annual leave, he complete his leave at this time. He will then report to Bureau on July 9 and would depart for Oklahoma City on July 13, arriving there on July 16.

If you agree, I will instruct Mr. Tully to complete his annual leave prior to returning.

CEH:LL (4)

cc--Administrative Division

cc--Mr. Branigan

cc--Mr. Belmont

Sh.

10 JUL 10 1956

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7-3-56. La

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| Office Tyleric Continuing                                                                                                                         | UNITED STATES GOVERNMENT                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| ro : MR. BELMONT                                                                                                                                  | DATE: July 2, 1956                                                      |
| FROM: W. A. BRANIGAN                                                                                                                              | Tolson                                                                  |
| SUBJECT: EDWIN R. TULLY SPECIAL AGENT, GS-14 ESPIONAGE SECTION                                                                                    | Parsons Parsons Bosen Tamm Nease D7C Wintermoved                        |
| SA Tully advised this mo                                                                                                                          | Tele. Room                                                              |
| Hospital last night and it was the opinion. William Leonard that  Mrs. Tully is progressing satisfactor                                           | nion of the attending physician,                                        |
| Mr. Tully stated that his hospital for two or three days. Flow Section.                                                                           | wife will probably remain in the vers have been sent by the Espionage   |
| Assistant Special Agent in Charge and business July 13. At this time he is complicate the problem of his depart Mrs. Tully cannot be foreseen. We | unable to estimate whether this will ture since the date of recovery of |
| ACTION:                                                                                                                                           | et ar we                                                                |
| For information.                                                                                                                                  |                                                                         |
| SBD:hmm (4) cc: Belmont Mohr                                                                                                                      | THE LAW                                                                 |
| Branigan Co                                                                                                                                       | Seamon 1900 - 174                                                       |
|                                                                                                                                                   | 10 JUL 10 1955                                                          |
|                                                                                                                                                   | 30                                                                      |
| 1 P 7 3                                                                                                                                           | <b>→</b> • •                                                            |

| LAST      | NAME       | : <u></u>       | No. 11:         |               | IRST        | NAME            | ואו מא |           | , ID        |             | ICATIO!      | No.           | TYP |                                              | POINTM        |          |             | TE<br>16—        |          |       | NCY           | CAL<br>ribed by C<br>June 28, | ENDAR          |                                               |
|-----------|------------|-----------------|-----------------|---------------|-------------|-----------------|--------|-----------|-------------|-------------|--------------|---------------|-----|----------------------------------------------|---------------|----------|-------------|------------------|----------|-------|---------------|-------------------------------|----------------|-----------------------------------------------|
|           | ral Re     | gula:           |                 |               | <del></del> |                 |        |           | -           |             | EAV          |               | CEC |                                              | <u> </u>      |          |             |                  |          |       |               |                               |                |                                               |
| МОМТН     | PAY<br>PER |                 | ANNUA<br>KEN    | · ·           | 77.         | . SICK          |        | MONTH     | PAY         | <del></del> | ANNUA<br>KEN |               |     | SICK<br>KEN                                  |               | A.F      | SENC<br>W_A | E WITH<br>WL-SUS | PENDE    | ומז   |               | NSATORY                       |                | ECORD                                         |
| Ö.        | No.        | HRS.            |                 | HRS.<br>ACCR. |             | TOTAL           | HRS.   | MOI       | PER.<br>No. |             | TOTAL        | HRS.<br>ACCR. |     | TOTAL                                        | HRS.<br>ACCR. | DA       |             |                  |          | TOTAL | PAY<br>PERIOD | Hours<br>Worked               | Hours<br>Taken | WAL.                                          |
| RY        | •          | ٦               |                 |               | <b>,</b>    |                 |        | ζ         |             |             | a            |               |     |                                              |               |          |             |                  |          |       |               |                               |                |                                               |
| JANUARY   |            |                 |                 | <del> </del>  | ı.          |                 | 1      | ንበሮ       |             |             |              |               | _   |                                              |               |          |             |                  |          | ,     | -             |                               |                | <u> </u>                                      |
| *         | •          | <u> </u>        |                 |               |             |                 |        |           |             |             |              |               |     |                                              | <u> </u>      |          |             |                  |          | •     |               |                               |                |                                               |
| FEBRÜARY  | ;          |                 |                 |               |             |                 |        | डर        |             | Ť           | ì            |               |     |                                              | Đ             |          |             |                  |          |       |               | 1                             |                | ,                                             |
| BRŮ       |            |                 |                 |               |             | Ĩ.              | İ      | AUGUST    |             |             |              | -             |     |                                              |               |          |             |                  |          |       |               | Ġ                             | u,             | 15 1 ( <b>b</b> )                             |
| 出         |            |                 |                 |               |             |                 |        | •         |             |             |              |               |     |                                              |               | 1        | ٠,          |                  |          |       |               |                               |                |                                               |
| 품         | **         |                 |                 |               |             |                 |        | SEPTEMBER |             |             |              | · ·           |     |                                              |               |          |             | `                |          |       |               |                               |                | },                                            |
| MARCH     |            |                 |                 | <u> </u>      |             |                 |        | PTE       |             |             |              |               |     |                                              |               |          | ,           |                  |          |       |               | 7*                            |                |                                               |
|           |            | <u> </u>        |                 |               | Ĺ           | <u> </u>        |        | SE        |             |             |              |               |     |                                              | ,             |          | ٩           |                  | <u> </u> |       |               | 87,                           |                | <u> </u>                                      |
| 긛         | İ          |                 | İ               |               |             | ĺ               |        | BER       |             |             |              | ].            |     | ٠                                            |               |          |             | REMARK           | cs       |       | <u> </u>      | . h                           |                |                                               |
| APRIL     |            |                 |                 |               |             |                 | ]      | OCTOBER   |             |             |              |               |     |                                              | ]             |          |             |                  |          |       |               |                               |                |                                               |
|           |            |                 |                 |               |             |                 |        | •         |             |             |              |               |     | <u>.                                    </u> |               | ,        |             | ····-            |          |       | YEAR          | LY SUM                        | ARY (H         | OURS)                                         |
| <b>بر</b> | <u> </u>   | . '             |                 | <u> </u> :    |             | ļ               |        | NOVEMBER  |             |             | <u> </u>     | · ·           |     | <u> </u>                                     |               |          |             | •                | •        |       | 11            | rem                           | Ann.           | SICK                                          |
| MAY       |            |                 |                 |               |             |                 | [      | χ.        |             |             |              |               |     |                                              |               |          |             | *                |          |       | BAL FO        | RWARDED                       |                | <u>.</u>                                      |
|           | _          |                 |                 |               | <u> </u>    |                 |        | ž         |             |             |              |               |     |                                              |               | <u> </u> |             |                  |          |       | YR. AC        | RUAL                          |                | <u>,                                     </u> |
| JUNE      |            |                 |                 |               |             |                 |        | DECEMBER  |             | ļ.<br>      | <u>:</u>     |               |     | ·                                            | Ì             |          |             |                  |          |       | TOTAL         |                               | ļ              |                                               |
| Ę         | _          |                 |                 |               |             |                 | [      | 3         |             |             |              |               |     |                                              | ]             | <u></u>  |             |                  |          |       | TOTAL         | YAKEN                         |                |                                               |
|           | <u> </u>   |                 | <u> </u>        | <u> </u>      | <u> </u>    |                 |        |           |             |             |              | <u> </u>      |     |                                              | <u> </u>      |          |             | •                |          |       | BALA          |                               | <u> </u>       | <u>l</u>                                      |
| LAST      |            | •               | ١               |               |             |                 | INI DN | ,         | ioi         | MIL         | CATION       | NO.           |     |                                              | POINT         |          |             | D DATE           |          |       | ENCY,         | CA                            | LENDAR         |                                               |
|           | 1          | $u \perp \perp$ | $y_{\bullet}$ . | Law           | ın          | ж• <sub>•</sub> | SA.    |           | i .,        |             |              |               | i : | <b>8-2</b> 0                                 | 0-41          | _        | LIC         | -20              | -4.      | Z     |               | I                             | 195            | 5                                             |

| 44                               | 6 til 8-16-56 mwks           |          |          |               |                  |        |                                                  |                  |              |                                                  |                |        |                     |                                                    |                                                  |                     |                     |        |       |               |                           |                |        |       |
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| (                                | O CALCIAN ACEGUALIONO TO 172 |          |          |               |                  |        |                                                  |                  |              |                                                  |                |        |                     | m prescribed by Comp. Gen., U. S.<br>June 28, 1946 |                                                  |                     |                     |        |       |               |                           |                |        |       |
| • •                              | 폰                            | PAV      |          | AUNUA         | L                | - SICK |                                                  | •                | 世多           | PAY                                              |                | ANNUAL |                     |                                                    | SICK                                             |                     | ABSENCE WITHOUT PAY |        |       |               | COMPE                     | NSATORY        | TIME R | CORD  |
| ۰,                               | PAY TAKEN NO. HRS. TOTAL     |          |          | HRS.<br>ACCR. | TAKEN HRS. TOTAL |        | HRS."<br>ACCR.                                   | MONTH.           | PER.         | TAKEN HRS.                                       |                |        | TAKEN<br>HRS. TOTAL |                                                    | Hrs.<br>Accr.                                    | DATE TYPE HRS. TOTA |                     |        |       | PAY<br>PERIOD | Hours<br>Worked           | Hours<br>Taken | BAL.   |       |
| 0.                               | RY                           | 2        |          |               | 10               | 2      | 2                                                | 4                | <u>,</u>     | 15                                               | ,              |        | 84                  |                                                    |                                                  | 56                  | 6                   |        |       |               |                           |                |        | · ·   |
| Õ                                | JANUARY                      | 2        | వ్       | <u>.5</u>     | 12               | Ť      |                                                  | 8.               | יותר         | $\pi$                                            | 110.           | 48     | 90                  |                                                    |                                                  | 60                  | 0                   |        |       |               |                           |                |        |       |
|                                  | <b>*</b>                     | 4        | 7        | 6.            | 418              |        |                                                  | 8/12             |              | , · · ·                                          | 7              |        | 1                   |                                                    |                                                  |                     | •                   |        |       |               | ,                         |                |        |       |
| Õ,                               | 2                            | 2        |          |               | 124              |        | -                                                | :16              | 37           | 17                                               |                | -      | 96                  |                                                    |                                                  | 64                  |                     | .      |       | ·             |                           |                |        |       |
|                                  | FEBRUÁRY                     | 7        |          |               | 30               |        |                                                  | 20               | August       | 18                                               |                |        | 102                 | ,                                                  |                                                  | 681                 | O                   |        |       |               | •                         | ,              |        |       |
| •                                | 丑                            | -4-      |          |               | 14!              |        |                                                  | <u> </u>         | ₹            |                                                  | 40             | 133    | 108                 |                                                    |                                                  | 75                  | 0.                  |        |       |               |                           |                |        |       |
| 0                                |                              | . 2      | 1        | 8             | 36               |        |                                                  | 24.              | EH.          | h ^                                              | 1              | 134    | 114                 | 24                                                 | ૭ૠૻ                                              | 76                  | 0                   |        |       |               |                           | ľ              | ,      |       |
| · ·                              | MARCH:                       | 8        | <u>_</u> |               | 30               |        |                                                  | 38               | SEPTEMBÈR    | 2/                                               | 8              | 142    | 12:0                | <u>~  </u>                                         |                                                  | ;80                 | 0                   | 1      |       |               |                           | -              |        |       |
| C                                | Σ                            | <u>,</u> |          |               | (1)              |        |                                                  | Tim to           | gg<br>S      |                                                  |                | 1.70   | -                   |                                                    |                                                  | 6.50                |                     |        |       |               |                           | •              |        |       |
| Q                                | 2 , 9                        |          |          | 48            |                  |        | 32                                               | Ä                | 12           |                                                  |                | 126    |                     |                                                    | 84                                               | O REMARKS           |                     |        |       |               | ۳                         | iI             |        |       |
| Ĉ                                | APRIL.                       | 10       |          |               | - ( 01           |        | 10                                               | 36               | OCTOBER      | 23                                               |                |        | 17.2                |                                                    |                                                  | 8.8                 | 0                   |        |       |               |                           |                |        |       |
| ~                                | <                            | 1-4      |          |               | 1 5              |        | <del></del>                                      | 5. 77            | ŏ `          | 7.                                               |                |        | 557                 |                                                    |                                                  | 2. 7                |                     |        |       |               | YEAR                      | LY SUM         | ARY (H | OURS) |
| 0                                |                              | 11       |          |               | 60               |        |                                                  | 40               | BER          | 24                                               |                | ,      | /38                 |                                                    | Γ.                                               | 92                  | 0                   |        | îtem  |               | ANN.                      | SICK           |        |       |
| Ų.                               | MAY                          | 1/2      | 3        | 7/            | 66.              | 26     |                                                  | 44               | NOVEMBER     | 25                                               | 8              | 150    |                     | _                                                  |                                                  | 96                  | '   <del> </del>    |        |       |               | BAL FORWARDED YR. ACCRUAL |                | 623    | 847.  |
| .1                               | 9                            | 10       | بحر      | -/            | 1373             |        | 199                                              |                  | Ş            | 7.                                               | 一              |        | 1, 7                |                                                    |                                                  |                     |                     |        |       |               |                           |                | 160    | 104   |
| (                                | ) <u>"</u>                   | jз       | 42       | 53            | 22               |        |                                                  | 48               | THE STATE OF | 26                                               | 2              | 147    | 154                 |                                                    | <del>                                     </del> | 180                 | 0                   |        |       |               | TOTAL                     |                | 783    | 931   |
| C                                | ) and                        | 14       | -        |               | 液                |        | <del>                                     </del> | 52               | DECEMBER     | 7                                                | <del>-/-</del> |        | 160                 | 8                                                  | 42                                               | 704                 | 0                   |        |       | /             | TOTAL                     | TAKEN          | 157    | 42 V  |
| -                                | - 1                          | 1-1-     |          | ;             | 16.5             |        |                                                  | 11.5             | β            |                                                  | ·              |        | <u> </u>            |                                                    |                                                  | 113                 |                     |        | $\nu$ | 423           | y                         |                | 626    | 909   |
| •                                | LAST                         | NAME     | -        |               | _                |        | NAME A                                           |                  |              | IDI                                              | NTIF           | CATION | l No.               | 1                                                  | E OF AF                                          |                     |                     | OD DAT |       |               | ENCY.                     |                | LENDAR |       |
|                                  |                              | 2        | ril.     | ly,           | Edu              | ji n   | $R_{\bullet}$                                    | , ${}_{\circ}SA$ | Ι,           | l                                                |                | o ai   |                     | [ {                                                | 3-20                                             | ) <b>-4</b> I       | (, [Z               | 7-20   | -41   |               |                           |                | 1954   |       |

|                       | $\underline{T}\iota$     | 111                                          | y 1                | Edwi         | n                                            | R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SÁ.      |              |             |           | 61     | T.L                 |                |          |       |                     |          | '      |           |              |              |          |                                                  |               |
|-----------------------|--------------------------|----------------------------------------------|--------------------|--------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|-------------|-----------|--------|---------------------|----------------|----------|-------|---------------------|----------|--------|-----------|--------------|--------------|----------|--------------------------------------------------|---------------|
| LAST NAME AND INITIAL |                          |                                              |                    |              |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | ID           | NTIF        | CATION    | No.    | TYPE OF APPOINTMENT |                |          |       |                     |          |        |           |              |              |          |                                                  |               |
| Stan<br>Gene          | dard l<br>rai R          | Porm<br>gulat                                | No. 113<br>Ions No | 57<br>5. 102 |                                              | CALENDAR YEAR   FORT            |              |             |           |        |                     |                |          |       |                     |          |        |           |              |              |          |                                                  |               |
| E                     | PAY                      |                                              | ANNUA              | L.           |                                              | SICK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | Œ            | PAY         |           |        | L                   | ·              |          |       | ABSENCE WITHOUT PAT |          |        |           | COMPE        | COMPENSATORY |          | ECORD .                                          |               |
| МОМТН                 | PER.                     | TAI                                          |                    | III.         |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | Į Š          | PER.<br>NO. |           |        |                     |                |          |       |                     |          |        |           |              |              | BAL      |                                                  |               |
| - <b>E</b>            |                          | HRS.                                         | TOTAL              | ACCR.        | HRS.                                         | TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ACCR.    | *            |             | HRS.      | TOTAL  | ACCR.               | HRS.           | TOTAL    | ACCR. |                     | DATE     | TYPE   | HRS.      | TOTAL        | PERIOD       | WORKED   | IAKEN                                            |               |
| RY                    | 1                        |                                              |                    | 6            |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4        | <b> </b> _   | 11,         | 4         | 6.1    | 90                  |                |          | 60    | •                   |          |        |           |              |              |          | ,                                                |               |
| JANUARY               | 3                        |                                              |                    | 12           | <u>                                     </u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8        | 걸            | 17.         | <i>-0</i> | φ      |                     |                |          | 64    |                     |          |        | _         |              |              |          |                                                  |               |
| ₹                     | <i>3</i>                 |                                              |                    | 70           | 1                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12       | ]            | <b> </b>    |           |        |                     |                |          |       |                     |          |        |           |              |              |          |                                                  |               |
| RY                    | 5                        |                                              |                    | 24           |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | 15           | 18          | 48        | 169    | 162                 | _              |          | 68    |                     |          |        |           |              |              |          |                                                  |               |
| FEBRUARY              | 6                        |                                              |                    | 30           | ╁─                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | ğ            | 19          | /         |        | 108                 |                |          | 12    |                     |          |        |           |              |              |          |                                                  | <del></del> . |
| 8                     | <u> </u>                 |                                              |                    | 30           | 一                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | ĺ₹           | -           |           |        | 114                 |                |          |       |                     | -        |        |           |              |              |          |                                                  |               |
|                       | 1                        |                                              | _                  | 21           |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 24       | 띮            | -           |           |        |                     | -              | ./       |       | 0                   |          |        |           |              | 1            |          |                                                  |               |
| MARCH                 | ĻĻ                       | 8                                            | 8                  | 36           | <del> </del>                                 | <b> </b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 24       | EWB          | 27          |           |        |                     |                | 16       | 58    | <b> </b>            | -        |        | ├         |              | ╫            | <u> </u> |                                                  | *·            |
| ¥                     | 8                        |                                              |                    | 42           | ┨                                            | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 32       | FPT.         | 42          |           |        | 120                 | 1              | _        | 07    | }—                  |          | •      |           | <del> </del> | ╫──          | <u> </u> | <del>                                     </del> | *             |
|                       | <del>-   7   -   -</del> |                                              |                    | 7            |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | <del> </del> |             |           |        |                     |                |          | 0.00  | 7                   |          |        |           |              |              |          |                                                  |               |
| 늺                     | 10                       |                                              |                    | 54           | 8                                            | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 36       |              |             | 4         | 1100   |                     | <u> </u>       |          | PY    |                     |          | REMARI | <b>\S</b> | •            |              |          | ļ                                                |               |
| APRIL                 | $\mathcal{U}$            | _                                            |                    | 100          | <u> </u>                                     | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 40       | Įğ,          | 24          |           |        | 138                 | <u> </u>       |          | ۲۰    | 0                   |          |        |           |              |              | <u> </u> |                                                  |               |
|                       | <u> </u>                 |                                              |                    |              |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u> </u> | L            | <u> </u>    |           |        | <del> </del>        | <u> </u>       | <u> </u> |       | <u> </u>            |          |        |           |              | 1            |          | T                                                |               |
| <u>.</u>              | 12                       | 5                                            | 13                 | 66           |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 44       | E E          | 22          |           |        | 144                 | 4              | _        | 96    |                     |          |        |           |              | 1            | TEM      | Ann.                                             | SICK          |
| MAY                   | 13                       |                                              |                    | 72           |                                              | i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 148      | Š            | 26          | 1         | ///    | 7-7-                | 8              | 34       | 100   |                     |          |        |           |              | BALFO        | RWARDED  | 623                                              | 768 >         |
|                       |                          |                                              |                    | •            |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u> </u> | ž            |             |           |        |                     |                |          |       |                     |          |        |           |              | YR. AC       | CRUAL    | 166                                              | 108           |
|                       | 14                       | 4/1                                          | 53                 | 78           |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 52       | Ä            | 22          | 8         | 119    | 1/0                 | 1              | 25       | 104   | 0                   |          |        |           |              | TOTAL        |          | 189                                              | 816           |
| JUNE                  | 15                       | 70                                           | 72                 | 64           | ╁──                                          | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5%       | E E          | P4-         | 36        | 155    | 166                 | 4              | 29       | 108   |                     |          |        |           |              | TOTAL        | TAKEN    | 155                                              | 29            |
| 7                     | 13                       |                                              |                    | 04           | ╁                                            | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ~ `      | DEC          | -           | ٣         | 1/23   | <u>y ee</u>         | <del>  7</del> | 8-1      |       | ٣                   |          |        | -         | 623          |              |          | 634                                              | 847           |
| LAST                  | MAM                      | <u>.                                    </u> | L                  | L .          | FIRST                                        | NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AND IN   | TIAL.        | IDI         | NTIF      | CATION | No.                 |                | E OF A   |       |                     |          | D DATI |           | AG           | ENCY,        | CA       | LENDAR                                           |               |
| r                     | ul.                      | ly,                                          | Ed                 | win          | R.                                           | , S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A        |              |             |           |        |                     | {              | 8-20     | )-41  |                     | 1        | 0-2    | 0-1       | ļl           | ·            |          | 1953                                             | 3 JANA        |
|                       | ,                        |                                              |                    |              |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |              | •           |           |        |                     | •              |          |       |                     | <b>-</b> |        |           | <del>-</del> |              |          |                                                  |               |

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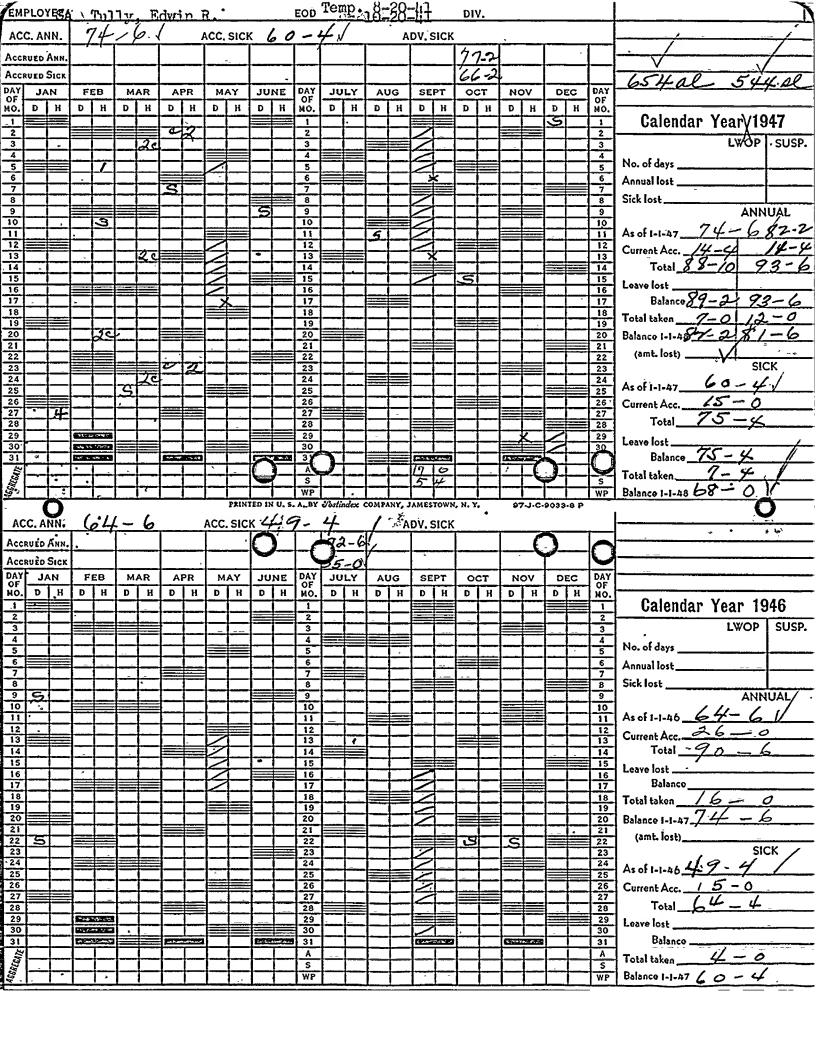
6 til 8-16-56 IDENTIFICATION No. TYPE OF APPOINTMENT LAST NAME FIRST NAME AND UTIAL OD DATE **AGENCY** CALENDAR YEAR Standard Form No. 1137 General Regulations No. 102 Form prescribed by Comp. Gen., U. S. June 28, 1946 LEAVE RECORD SICK ANNUAL' SICK COMPENSATORY TIME RECORD ANNUAL ABSENCE WITHOUT PAY HTMGM Pay Per, No, PAY PER. No. W-AWL-SUSPENDED TAKEN TAKEN TAKEN TAKEN HRS. HRS. HRS. HRS. PAY Hours Hours ACCR. PERIOD WORKED TAKEN ACCR. ACCR. ACCR. HRS. TOTAL HRS. TOTAL HRS. TOTAL HRS. TOTAL TYPE HRS. TOTAL JANUARY 22 5B JULY 6 FEBRUARY AUGUST 66 18 80 20 18 MARCH SEPTEMBÉR 124 26 30 34 38 23 OCTOBER 16 38 86 REMARKS 30 90 YEARLY SUMMARY (HOURS) NOVEMBER ITEM Ann. SICK 142 MAY 65A 720 BAL\_FORWARDED 107 YR. ACCRUAL DECEMBER 102 158 8 812 822 TOTAL TOTAL TAKEN BALANCE 62317 FIRST NAME AND INITIAL IDENTIFICATION No. TYPE OF APPOINTMENT 1952 PM EOD DATE AGENCY . Tully, Edwin R., SA 8-20-41 10-20-41

LAST NAME FIRST NAME AND INIT IDENTIFICATION NO. TYPE OF APPOINTMENT ECHANTE AGENCY CALENDAR- YEAR. Standard Form No. 1137 General Regulations No. 102 GPO 16-15000-1 Form prescribed by Comp. Gent.; U. S. June 28, 1946 LEAVE RECORD ANNUAL ANNUAL SICK SICK COMPENSATORY TIME RECORD . MONTH MONTH ABSENCE WITHOUT PAY PAY PER. No. Pay Per. No. TAKEN TAKEN W-AWL-SUSPENDED HRS. TAKEN HRS. TAKEN HRS. HRS. PAY Hours Hours SAL. ACCR. ACCR. ACCR. HRS. TOTAL HRS. TOTAL HRS. TOTAL ACCR. HRS. TOTAL DATE TYPE HRS. TOTAL PERIOD WORKED TAKEN JANUARY . JULY 18 FEBRUARY 8 بحك 140 6 ع *و* SEPTEMBER MARCH recredit 38 23 60 OCTOBER 155 REMARKS YEARLY SUMMARY (HOURS). NOVEMBER SICK ITEM ' Ann. MAY BAL FORWARDED YR. ACCRUAL 208 DECEMBER 5**3** 100 TOTAL 20 TOTAL TAKEN 673 BALANCE LAST NAME FIRST NAME AND INITIAL IDENTIFICATION No. TYPE OF APPOINTMENT EOD DATE AGENCY CALENDAR YEAR SA 3-20-41 10-20-41 Tully, Edwin R. 1951

FIRST NAME AND IDENTIFICATION NO. TYPE OF APPOINTMENT , LAST, NAME DATE **AGENCY** CALENDAR YEAR Standard Form No. 1137 General Regulations No. 102 Form prescribed by Comp. Gen., U. S. June 28, 1946 LEAVE RECORD 16-SICK ANNUAL SICK COMPENSATORY TIME RECORD ANNUAL MONTH ABSENCE WITHOUT PAY PAY PER. No. W-AWL-SUSPENDED TAKEN TAKEN HRS. PER. TAKEN TAKEN HRS. HRS. HRS. PAY Hours Hours BAL ACCR. ACCR. HRS. TOTAL ACCR. HRS. TOTAL ACCR. PERIOD WORKED TAKEN HRS. TOTAL DATE HRS. TOTAL TOTAL TYPE | HRS. JANUARY 10 JULY 12 10 40 46 124 4 20 16 16 80 FEBRUARY AUGUST 20 32 6 36 SEPTEMBER 90 30 MARCH-8 40 56 40 OCTOBER REMARKS 60 ′00 68 10 3 76 YEARLY SUMMARY (HOURS) NOVEMBER 50 ITEM Ann. SICK 2 84 92 196 13 105 BAL FORWARDED YR. ACCRUAL DECEMBER 60 100 104 TOTAL 208 TOTAL TAKEN 108 BALANCE 740 LAST NAME IDENTIFICATION No. TYPE OF APPOINTMENT FIRST NAME AND INITIAL CALENDAR YEAR AGENCY EOD DATE 10-20-41 1950 8-20-11 Tully, Edwin R.

LAST NAME FIRST NAME AND INIT IDENTIFICATION NO. TYPE OF APPOINTMENT EOTE AGENCY CALENDAR YEAR. Standard Form No. 1137 General Regulations No. 102 Form prescribed by Comp. Gen., U. S. June 28, 1946 LEAVE RECORD 16-43999-1 COMPENSATORY TIME RECORD ANNUAL ANNUAL SICK SICK MONTH ABSENCE WITHOUT PAY Pay Per. No. PAY PER. No. TAKEN W-AWL-SUSPENDED TAKEN TAKEN TAKEN HRS. HRS. HRS. HRS. PAY Hours Hours BAL. ACCR. ACCR. WORKED ACCR. ACCR. PERIOD TAKEN HRS. TOTAL HRS. TOTAL HRS. TOTAL HRS. TOTAL DATE TYPE HRS. TOTAL 70 JANUARY JULY 10 124 FEBRUARY 20 80 32 AUGUST 24 3 36 SEPTEMBER 90 30 128 MARCH 8 21 151 OCTOBER 40 REMARKS 100 44 gut up 24 YEARLY SUMMARY (HOURS) 180 NOVEMBER SICK 50 ITEM ANN. 110 MAY 627 196 48 BAL, FORWARDED **208** 100 YR. ACCRUAL DECEMBER 49 120 862 247 60 209 100 TOTAL 56 TOTAL TAKEN 208 211 654 BALANCE FIRST NAME AND INITIAL LAST NAME IDENTIFICATION NO. TYPE OF APPOINTMENT CALENDAR YEAR **EOD DATE** AGENCY (8-20-41)Tuliy, Edwin R. 10-20-41 1949

LAST, NAME ' FIRST NAME AND WAL IDENTIFICATION NO. TYPE OF APPOINTMENT DATE AGENCY CALENDAR YEAR Standard Form No. 1137 General Regulations No. 102 Form prescribed by Comp. Gen., U. S. June 28, 1946 LEAVE RECORD SICK COMPENSATORY TIME RECORD SICK HINOW PAY PER. NO. ANNUAL ANNUAL MONTH ABSENCE WITHOUT PAY PAY PER. No. TAKEN W-AWL-SUSPENDED TAKEN TAKEN TAKEN HRS. HRS. HRS. HRS. Hours Hours BAL ACCR. ACCR. ACCR. PERIOD WORKED TAKEN ACCR. HRS. TOTAL HRS. TOTAL HRS. TOTAL HRS. TOTAL TYPE HRS. TOTAL FEBRUARY JANUARY 10 8 JULY 124 16 10 3 24 AUGUST 80 132 32 20 18 146 ۍ 40 8 ď MARCH. SEPTEMBER 37 30 156 7 20 100 164 OCTOBER REMARKS APRIL 10 118 YEARLY SUMMARY (HOURS) NOVEMBER Ann. SICK ITEM 50 MAY 54 BAL FORWARDED 41 208 YR. ACCRUAL DECEMBER 120 26 100 TOTAL 3 104 21 TOTAL TAKEN BALANCE 23.4 LAST NAME " FIRST NAME AND INITIAL IDENTIFICATION NO. -TYPE OF APPOINTMENT AGENCY EOD DATE CALENDAR YEAR (8-20-41)SA Tully, Edwin R. 10-20-41 1948



| AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C. AI     | NN.             | 5                | -8       | - 4      |           | ,            |          | ACC:     | SICI    | <u>( 4</u>     | <u> </u>          | 0                                                                                               |                  |                | 348                            | Al              | DV. SI      | CK         |               | **           | ~ <b>,</b>  |            |          |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
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| Acce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UED A     | Ann.            |                  |          |          |           |              |          | -"       |         |                | '                 | 3                                                                                               | _                | $\Box$         | _                              |                 |             | Ī          |               |              |             |            |          |                                                                                                                  | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | UED S     | _               | <u></u>          |          |          |           | <u> </u>     |          | <u> </u> |         |                |                   |                                                                                                 |                  |                |                                | _ -             |             |            |               | -            | $\dashv$    |            |          | DAY                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
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| мо.<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                 |                  | رثر      |          |           |              | #        | <u>"</u> |         |                |                   | мо.                                                                                             |                  | <b>#</b>       | =                              | =               | D           |            | Ë             |              |             |            | _        | 1                                                                                                                | Calendar Year 1945                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5           |
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| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 | ESEC.            | 725      |          |           |              |          |          |         |                |                   | 30                                                                                              |                  |                |                                |                 |             |            |               |              |             |            |          | 30                                                                                                               | Leave lost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |
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| AGGRECATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           | -               |                  |          |          |           |              |          |          |         | U              | 一                 | S                                                                                               |                  |                | 二                              |                 |             |            | 二             |              | 1           | 上          |          | 3                                                                                                                | Total taken 5 - H Balance I-I-4+-9 - H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |
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| - 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C. A      | NN.             |                  | 4.5      | ·        | <u> </u>  | <del></del>  |          | ALL      | : SIC   | K              |                   |                                                                                                 |                  | $\neg$         |                                | 一               | DV: J.      | T I        |               | ·            | •           |            |          |                                                                                                                  | ha an and a manager of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat |             |
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| Acc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RUED      | Sick            |                  |          |          | _         | \<br>\<br>\  | _        |          |         | O              | <b>)</b> —        | <u></u>                                                                                         | 7                | _              |                                | 井               |             | 具          | <del></del>   |              | <u> </u>    | <u>-ر</u>  |          | Q                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| Acci<br>DAY<br>OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RUED S    | Sick<br>AN      | FE               | EB H     | ·        | AR H      | AF           | PR       | Į        | AY<br>H | O<br>AUL<br>a  |                   | DAY<br>OF                                                                                       | <u>ور</u>        | <del>,  </del> | , AU                           |                 | SEPT        |            | СТ            | NC           | <del></del> | ·          | EC<br>H  | DAY<br>OF                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| Acci<br>DAY<br>OF<br>NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RUED S    | Sick<br>AN<br>H | FE<br>D          | EB<br>H  | ·        | AR<br>H_  | <del>!</del> | PR       | Į        | AY<br>H | α<br>10L       |                   | OF<br>MO.                                                                                       | D<br>JU          | <del>,  </del> | ·                              |                 | SEPT<br>D H |            | ~             | N(           | н<br>Н      | ·          | EC<br>H  | OF<br>MO.                                                                                                        | Calendar Year 194                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3           |
| DAY<br>OF<br>NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF<br>MO.                                                                                       | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF<br>MO.<br>1                                                                                                   | Outonaut Tout 1911                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |
| Acci<br>DAY<br>OF<br>NO.<br>1<br>2<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | 0f<br>MO.<br>1<br>2<br>3<br>4                                                                   | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | 0F<br>MO.<br>1<br>2<br>3<br>4                                                                                    | LWOP S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8<br>SUSP.  |
| Acci<br>DAY<br>OF<br>NO.<br>1<br>2<br>3<br>4<br>5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF<br>MO.<br>1<br>2<br>3<br>4                                                                   | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF<br>MO.<br>1<br>2<br>3<br>4<br>5                                                                               | LWOP S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |
| Acci<br>DAY<br>OF<br>NO.<br>1<br>2<br>3<br>4<br>5<br>6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF<br>MO.<br>1<br>2<br>3<br>4<br>5<br>6<br>7                                                    | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF<br>MO.<br>1<br>2<br>3<br>4<br>5<br>6<br>7                                                                     | No. of days Annual lost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SUSP.       |
| Acci<br>DAY<br>OF<br>NO.<br>1<br>2<br>3<br>4<br>5<br>6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF<br>MO.<br>1<br>2<br>3<br>4<br>5                                                              | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF<br>MO.<br>1<br>2<br>3<br>4<br>5                                                                               | LWOP S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SUSP.       |
| Acci<br>DAY<br>OF<br>NO.<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF MO.  1 2 3 4 5 6 7 8 9 10                                                                    | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF MO. 1 2 3 4 5 6 7 8 9 10                                                                                      | No. of days Annual lost Sick lost ANNU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SUSP.       |
| Acci<br>DAY<br>OF<br>NO.<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF<br>MO.<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8                                               | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF MO.  1 2 3 4 5 6 7 8 9 10 11                                                                                  | LWOP S No. of days Annual lost Sick lost ANNU. As of 1-1-48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AL          |
| Acci<br>DAY<br>OF<br>NO.<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF MO.  1 2 3 4 5 6 7 8 9 10 11 12 13                                                           | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF MO.  1 2 3 4 5 6 7 8 9 10 11 12 13                                                                            | LWOP S No. of days Annual lost Sick lost ANNU. As of I-I-#8 Current Acc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AL.         |
| Acci<br>DAY<br>OF<br>NO.<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF MO.  1 2 3 4 5 6 7 8 9 10 11 12                                                              | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF MO.  1 2 3 4 5 6 7 8 9 10 11                                                                                  | LWOP S No. of days Annual lost Sick lost ANNU As of 1-1-48 Current Acc. Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AL          |
| Acci<br>DAY<br>NO.<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF MO.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16                                                  | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF MO. 1 2 3 4 5 6 7 7 8 9 10 11 12 13 14 15 16                                                                  | LWOP S No. of days Annual lost Sick lost ANNU. As of I-I-48 Current Acc Total Leave lost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AL          |
| Acci<br>DAY<br>OF<br>NO.<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF MO.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15                                                     | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF MO.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 /16 17 18                                                            | LWOP S  No. of days  Annual lost  Sick lost  ANNU.  As of I-I-#8  Current Acc.  Total  Leave lost  Balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AL          |
| Acci<br>DAY<br>OF<br>NO.<br>1<br>2<br>3<br>4<br>4<br>5<br>6<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF MO.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18                                            | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF MO. 1 2 3 4 5 6 6 7 8 8 9 9 10 11 12 13 14 15 16 17 18 19                                                     | LWOP S No. of days Annual lost Sick lost ANNU As of I-I-48 Current Acc. Total Leave lost Balance Total taken                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AL          |
| Accordance   DAY   OF   NO.   1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16   17   18   19   20   21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF MO.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21                                   | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF MO. 1 2 2 3 4 4 5 6 7 7 8 8 9 100 111 12 13 13 14 15 16 17 18 19 20 21                                        | LWOP S  No. of days  Annual lost  Sick lost  ANNU.  As of 1-1-48  Current Acc.  Total  Leave lost  Balance  Total taken  Ralance In-140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AL          |
| Acci<br>DAY<br>OF NO.<br>1<br>2<br>3<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>20<br>21<br>22<br>21<br>22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF MO.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22                                | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF MO. 1 2 2 3 4 4 5 6 7 8 8 9 10 111 12 13 13 14 14 15 716 17 18 19 20 20 21 22                                 | LWOP S  No. of days  Annual lost  Sick lost  ANNU.  As of 1-1-48  Current Acc.  Total  Leave lost  Balance  Total taken  Ralance In-140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AL          |
| Accordance   DAY   RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF MO.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24                          | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF MO. 1 2 3 4 4 5 6 6 7 10 11 11 12 13 14 14 15 / 16 17 18 19 20 21 22 22 23 24                                 | LWOP S  No. of days  Annual lost  Sick lost  ANNU  As of 1-1-48  Current Acc.  Total  Leave lost  Balance  Total taken  Balance 1-1-49  (amt. lost)  SICK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AL          |
| Acci<br>DAY<br>OF<br>NO.<br>1<br>2<br>3<br>4<br>4<br>5<br>6<br>6<br>7<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>22<br>23<br>24<br>24<br>25<br>26<br>26<br>27<br>27<br>28<br>28<br>28<br>28<br>28<br>28<br>28<br>28<br>28<br>28<br>28<br>28<br>28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF MO.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25                       | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF MO. 1 2 2 3 4 4 5 6 6 7 8 9 10 111 12 13 14 14 15 16 17 18 19 20 20 21 22 23                                  | LWOP S  No. of days  Annual lost  Sick lost  ANNU  As of I-I-48  Current Acc.  Total  Leave lost  Balance  Total taken  Balance I-I-49  (amt. lost)  SICK  As of I-I-48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AL          |
| Accordance   DAY   OF   NO.   1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16   17   18   19   20   21   22   23   24   25   26   27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF MO.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27                 | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF MO. 1 2 2 3 4 4 5 6 7 7 8 8 9 100 111 12 13 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27                      | No. of days  Annual lost  Sick lost  ANNU.  As of 1-1-48  Current Acc.  Total  Leave lost  Balance  Total taken  Balance 1-1-49  (amt. lost)  SICK  As of 1-1-48  Current Acc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AL          |
| Acci<br>DAY<br>OF MO.<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RUED S    | Sick<br>AN<br>H | FE<br>D          |          | ·        |           | AF           | PR       | Į        |         | 1              |                   | OF MO.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26                    | <del>  -  </del> | <del>,  </del> |                                |                 |             |            | ~             | <del> </del> | <del></del> | ·          |          | OF MO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 23 24 25 26                                   | No. of days  Annual lost  Sick lost  ANNUA  As of I-I-48  Current Acc.  Total  Leave lost  Balance  Total taken  Balance I-I-49  (amt. lost)  SICK  As of I-I-48  Current Acc.  Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AL          |
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| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                 |              |                   |               | <del> -</del>   |          |       |                                                                                                    |      |             |           |          |               | F     | _           |                 |                                         | 23<br>24                                                                                                          |         | _                 |         | _       |       | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | -              | _          |               |             |            | _      | F          | F           |                     | $\square$  |       | 23                                                                                                                                                                                                                                                                      |
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| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | $\dot{=}$ | <u> </u>                        | ╘            | Antes<br>Zeros    | 44 C A        |                 |          | _     | -                                                                                                  |      |             | 27.0      |          |               |       | -           | 7537            | 202                                     | 30<br>31                                                                                                          |         |                   |         | _       |       | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | - 15           |            |               |             |            | F233   | 100        | -           |                     |            |       | 30                                                                                                                                                                                                                                                                      |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | -                               | <del> </del> | _                 | <del> </del>  | <u> </u>        |          |       | -                                                                                                  |      |             |           | <u> </u> | . 1           | -     |             |                 |                                         |                                                                                                                   |         |                   |         |         | -     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                |            |               |             |            | _      |            | - 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J     | 3             |       | د الاه خ    |                 |                                         |                                                                                                                   |         | A 20              |         |         | بدلاي | .ວດ.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _ んふ      | **             |            |               |             |            |        |            | -           | 444                 | Y          |       | <b>1</b>                                                                                                                                                                                                                                                                |
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   | 5               | 3        | o∵16  |                                                                                                    |      |             |           |          | e e           | 3     |             |                 |                                         |                                                                                                                   |         |                   | Yearin  |         | ,Ď.,  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | - 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   | 5               | 3        |       |                                                                                                    |      |             |           |          | e e           | 3     |             |                 |                                         |                                                                                                                   | AE      | BSE               | NCI     |         | OR    | _C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | )_<br> E  | YEA            |            | <b>)</b>      | 194         | 42         |        |            | <del></del> | 3                   |            |       |                                                                                                                                                                                                                                                                         |
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   | 5               | 3        |       |                                                                                                    |      |             |           |          | e e           | 3     |             |                 |                                         |                                                                                                                   | AE      | BSE               | NCI     |         | OR    | _C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | )_<br> E  | YEA            |            | <b>)</b>      | 194         | 42         |        |            | <del></del> | 3                   |            | ER µ. |                                                                                                                                                                                                                                                                         |
| DAY<br>OF PO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ιcċ.      | ANN                             | ١ ۶          |                   | <b>)</b> -    | 5               | 3        |       |                                                                                                    |      |             |           |          | e e           | 3     |             |                 |                                         | OF                                                                                                                | AE      | BSE               | NCI     |         | OR    | _C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | )_<br> E  | YEA            |            | <b>)</b>      | 194         | 42         |        |            | <del></del> | 3                   |            | ER µ. |                                                                                                                                                                                                                                                                         |
| DAY<br>OF MO.<br>1'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ιcċ.      | ANN                             | ١ ۶          | 7-0               | <b>)</b> - 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| DAY<br>OF<br>MO.<br>1'<br>2<br>3<br>4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ιcċ.      | ANN                             | ١ ۶          | 7-0               | <b>)</b> -    | 5               | 3        |       |                                                                                                    |      |             |           |          | e e           | 3     |             | OR<br>UNE<br>H. |                                         | OF 1 2 3 4                                                                                                        | AE      | BSE               | NCI     |         | OR    | _C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | )_<br> E  | YEA            |            | <b>)</b>      | 194         | 42         |        |            | <del></del> | 3                   |            | ER µ. | 3 4 5                                                                                                                                                                                                                                                                   |
| DAY OF MO. 11 2 3 4 5 6 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ιcċ.      | ANN                             | ١ ۶          | 7-0               | <b>)</b> -    | 5               | 3        |       |                                                                                                    |      |             |           |          | e e           | 3     |             |                 |                                         | OF  1 2 3 4 5 6 7                                                                                                 | AE      | BSE               | NCI     |         | OR    | _C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | )_<br> E  | YEA            |            | <b>)</b>      | 194         | 42         |        |            | <del></del> | 3                   |            | ER µ. | 2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                                                                                              |
| DAY<br>OF<br>MO.<br>1'<br>2<br>3<br>4<br>5<br>6<br>7<br>8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ιcċ.      | ANN                             | ١ ۶          | 7-0               | <b>)</b> -    | 5               | 3        |       |                                                                                                    |      |             |           |          | e e           | 3     |             | OR<br>UNE<br>H. |                                         | OF  1 2 3 4 5 6 7 8 9                                                                                             | A.      | BSE               | NCI     |         | OR    | _C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | )_<br> E  | YEA            |            | <b>)</b>      | 194         | 42         |        |            | <del></del> | 3                   |            | ER V. | 2<br>3<br>4<br>5<br>6<br>7<br>8                                                                                                                                                                                                                                         |
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S  | ICK<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H |      | PRIL H.     | IND<br>H. |          | MAY<br>H.     | 3     | RE(         | CORTUNE H.      | D                                       | OF  1 2 3 4 5 6 7 8 9 10 11 12 12 12 12 12 12 12 12 12 12 12 12                                                   | A.      | SSE<br>JULY<br>H. | NCI     |         | OR    | THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST IN COLUMN TO THE ST | E SEPP D. | YEAR TEME      | BER H.     | ) F   00   6: | 194         | 42         | NO D.  | VEMI H.    | ER H.       | ) DEC<br>D.         | EMB<br>H.  |       | 2<br>3<br>4<br>5<br>6<br>7<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30<br>31<br>A. 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| ACC. ANN. 46-5-0  ACC. SICK 28-5-0 ADV. SICK INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |
| ACC SICK 21-5-0 ADV. SICK INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  BAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER FOR THE YEAR OF 1944  BAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER FOR THE YEAR OF 1944  BAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER FOR THE YEAR OF 1944  BAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER FOR THE YEAR OF 1944  BAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER FOR THE YEAR OF 1944                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -20-41 DIV.                                         |
| ACC SICK 21-5-0 ADV. SICK INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  BAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER FOR THE YEAR OF 1944  BAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER FOR THE YEAR OF 1944  BAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER FOR THE YEAR OF 1944  BAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER FOR THE YEAR OF 1944  BAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER FOR THE YEAR OF 1944  BAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER FOR THE YEAR OF 1944                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NOVEMBER DECEMBER D. H. M. D. H. M.                 |
| ACC. ANN. 46-5-0  ACC. SICK 21-5-0 ADV. SICK INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JULY MAY DE AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JULY MAY DE AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE  | NOVEMBER DECEMBER D. H. M. D. H. M.                 |
| ACC SICK 2/-5-0 ADV. SICK INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF THE YEAR OF THE YEAR OF THE YEAR OF THE YEAR OF THE YEAR OF THE YEAR OF THE YEAR OF THE YEAR OF THE YEAR OF THE YEAR OF THE YEAR O | NOVEMBER DECEMBER D. H. N. D. H. M.                 |
| EMPLOYEE: SA TUILTY, Edwin R. E. O. D. 8-20-41 19 10-  ACC ANN. 446-5-0  ACC SICK 21-5-0 ADV. SICK INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  By JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER 19 10 10 10 10 10 10 10 10 10 10 10 10 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NOVEMBER DECEMBER D. H. M. D. H. M.                 |
| EMPLOYEE: SA TUITY, Edwin R. E. O. D. 8-20-41 19 10-  ACC. ANN. 46-5-0  ACC. SICK 21-5-0 ADV. SICK INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  BAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER 19  NO. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M | -20-41 DIV.                                         |
| ACC SICK 2/-5-0 ADV. SICK INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  ONY JANUARY FEBRUARY MARCH APRIL MAY JUNE HO, H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M.  | -20-41 DIV.                                         |
| EMPLOYEE: SA TUITY, Edwin R. E.O.D. 8-20-41 19 10-  ACC. ANN. 446-5-0  ACC. SICK OF -5-0 ADV. SICK INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER 1  ON D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M.  2 3 4 5 6 7 8 9 10 11 11 11 11 11 11 11 11 11 11 11 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -20-41 DIV.                                         |
| EMPLOYEE: SA TUILTY, Edwin R. E. O. D. 8-20-41 19 10-  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. ANN. 46-5-0  ACC. SICK AFT. 46-0  ACC.  | -20-41 DIV.                                         |
| ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 5 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - 0  ACC. ANN. 446 - | -20-41 DIV.                                         |
| EMPLOYEE: SA 1 19 10-  ACC AIN. 446 - 5 - 0  ACC SICK OF 5 - 0 ADV. SICK INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  BAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER I  2 2 3 4 4 4 5 5 6 7 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -20-41 DIV.                                         |
| EMPLOYEE: SA TUITY, Edwin R. E. O. D. 8-20-41 19 10-  ACC ANN. 4/6-5-0  ACC SICK O - 5-0 ADV. SICK INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAY JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER IN 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -20-41 DIV.                                         |
| EMPLOYEE: SA TULLTY, Edwin R. E. O. D. 8-20-41 19 10-  ACC. ANN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -20-41 DIV.                                         |
| EMPLOYEE: SA TUILLY, EdWIN R. E. O. D. 8-20-41 19 10-  ACC. ANN. 446 - 5 - 0  ACC. SICK Of - 5 - 0 ADV. SICK INDIVIDUAL RECORD OF ABSENCE FOR THE YEAR OF 1944  DAVI JANUARY FEBRUARY MARCH APRIL MAY JUNE D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. D. H. M. M. D. H | -20-41 DIV.                                         |
| EMPLOYEE: SA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -20-41 .DIV.                                        |
| EDUTE: SX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -20-41DIV.                                          |
| EDUTE: SX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -20-41 .DIV.                                        |
| ACC. ANN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -20-41DIV.                                          |
| SEMPLOYEE: SX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -20-41 DIV.  NOVEMBER DECEMBER D. H. M. D. H. M.  ( |
| ACC. ANN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -20-41DIV.  NOVEMBER DECEMBER D. H. M. D. H. M.     |
| EMPLOYEE: SX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -20-41 DIV.  NOVEMBER DECEMBER  D. H. M. D. H. M.   |

SAC, OKLAHOMA CITY

1-29-58

Director, FBL

PERSONAL ATTENTION

EDWIN R. TULLY Assistant Special Agent in Charge Componsation Matter

| (   | <b>)</b> . | Rebulet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | -          | Reurlet 1-16-58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (   | )          | Re Physical Examination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ţ.  | )          | Advise Bureau of present weight without clothing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (   | )          | Advise Bureau if dental work has been completed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (   | -)         | Advise Bureau if vision has been corrected to 20/20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| .(  | )          | Advise Bureau re physical condition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ("  | <u>(</u>   | Advise Burêau condition of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| .), | ),         | Submit results of chest X ray immediately.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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- ) Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and the use of firearms.
- ( ) Submit Bureau of Employees Compensation forms.
- (X) Enclosed is executed form CA-2. Your attention is directed to items 26b, 35, 36, 37, and 38. Complete this form immediately and return to the Bureau for transmittal to the Bureau of Employees! Compensation.

10 JAN 31 1958

REPLY: / ATTENTION PERSONNEL SECTION

Boardman. Belmont' Mohr. Nease Parsons Rosen Tamm Trotter

Clayton Tele. Room Holloman'

MAJL ROOM 🛂

Kent Village 7307 Hawthorne Street Hyattsville, Karyland

Attention: Kr. Burnside

#### Gentlemen:

I am writing to you on behalf of Er. Edwin R. Tully, a Special Agent of the Federal Bureau of Investigation, occupant of Kent Village Apartments, 7337 Hawthorne Street, Hyattsville, Earyland. Er. Tully has advised that you have requested a letter confirming his transfer from the city.

Pr. Tully has been officially ordered to depart on transfer from the Metropolitan area on July 14, 1956.

I trust that this information will be of assistance to you.

Very truly yours,

John Edgar Hoover Director

CC: Mr. Belmont
Mr. Edwin R. Tully

HEG:bjf

2000-1407年11960-195

Based on telephone call 7-10-56 from SA Edwin R. Tully, 3 Domestic Intelligence Division, requesting letter confirming transfer to be personally presented by him to his rental agent, Mr. Burnside, Kent Village, Apartments.

Fully personal olding

nent Village/Apartments.

Tolson Nichols Boardman Belmont Nason Mohr Parsons

Nease
Winterrowd
Tele Room
Holloman





### FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Audrement

| Name of Employee: EDWIN R. TULLY                                                    |                                                                                                 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Where Assigned: DOMESTIC INTELLIGEN (Division)  Payroll Title: SPECIAL AGENT, GS-14 | (Section, Unit)                                                                                 |
| Rating Period: from April 1, 1956                                                   | to July 13, 1956                                                                                |
| ADJECTIVE RATING: SATISFACT Outstanding, Satisf                                     | ORY Employee's Initials actory, Unsatisfactory                                                  |
| Rated by:  Signature  Signature                                                     | Section Chief 7/13/56 Title Date                                                                |
| Reviewed by:  Signature  Signature                                                  | Assistant Director 7/13/56 Title Date                                                           |
| Rating approved by: Signature                                                       | Assistant Director JUL 16 1956  Title Date                                                      |
| TYPE OF R                                                                           | EPORT  (X) Administrative  ( ) 160 day  (X) Transfer  ( ) Separation from service  ( ) Fopecial |

MIZ 71856

#### NARRATIVE COMMENTS

Note:

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

11



ADJECTIVE RATING:



### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

| Nar         | me of Employee EDWIN R. TULLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Title Special Agent, GS-14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>April 1, 1956 to July 13,</u> 1956                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|             | RATING GUIDE AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CHECK-LIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Gui<br>An ' | Only those items having pertinent bearing on employee's performance sho Rate items as follows:  Outstanding (exceeding excellent and deserving special commendation).  Satisfactory (ranging from good to excellent but not sufficient to rate outstand Unsatisfactory.  No opportunity to appraise performance during rating period. de for determining adjective rating:  Outstanding' rating cannot be justified unless all elements rated are 'plus', and in addition to the reverse of form FD-185.  It is impossible to provide the elements rated. Good judgment to the elements rated. All minus marks must be supported by narrative detail, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dition, of course, supporting comments must comply with the requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ligh<br>set | t of the elements rated. All minus marks must be supported by narrative detail, and out on the reverse of form FD-185:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of course, all 'Unsatisfactory' ratings must comply with the requirements as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|             | (1) Personal appearance. (2) Personality and effectiveness of his personal contacts. (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). (4) Physical fitness (including health, energy, stamina). (5) Resourcefulness and ingenuity. (6) Forcefulness and aggressiveness as required. (7) Judgment, including common sense, ability to arrive at proper conclusions; ability to define objectives. (8) Initiative and the taking of appropriate action on own responsibility. (9) Planning ability and its application to the work. (10) Accuracy and attention to pertinent detail. (11) Industry, including energetic consistent application to duties. (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.  (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and know how of application.  (14) Technical or mechanical skills. (15) Investigative ability and results:  (a) Internal security cases  (b) Criminal or general investigative cases  (c) Fugitive cases  (d) Applicant cases  (e) Accounting cases                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (17) Firearms ability.  (18) Development of informants and sources of information.  (19) Reporting ability:  (a) Investigative reports (b) Summary reports (c) Memos, letters, wires (Consider:conciseness;clarity; organization;thoroughness;accuracy;adequacy and pertinency of leads;administrative detail.)  (20) Performance as a witness.  (21) Executive ability:  (a) Leadership: (b) Ability to handle personnel (c) Planning (d) Making decisions (e) Assignment of work (f) Training subordinates (g) Devising procedures (h) Emotional stability (i) Promoting high morale (j) Getting results  (22) Ability on raids and dangerous assignments: (a) As leader (b) As participant (23) Organizational interest, such as making of suggestions for improvement.  (24) Ability to work under pressure.  (25) Miscellaneous. Specify and rate:  Dictation ability |
| کِ          | (16) Physical surveillance ability.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Ą.          | Specify general nature of assignment during most of rating period (such as section, etc.):  Supervisor in Charge of Unit; Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Ė.          | Specify employee's most noteworthy special talents (such as investigator, desk man,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | an, research, instructor, speaker):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| C.          | (1) Is employee available for general assignment wherever needs of service required (2) Is employee available for special assignment wherever needs of service required to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of | ire? Yes II answer is not 'yes', explain in narrative comments.) re? Yes II answer is not 'yes', explain in narrative comments.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| D           | Has employee had any abnormal sick leave record during rating period? _No(I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | f so, explain in narrative comments.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| E.          | Is employee qualified to operate a motor vehicle incidental to his official duties? If answer is "yes," personnel file must reflect the following: (a) Has valphysically fit to drive. (c) Past safe driving record OK or has passed Burea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | did State or local operator's license for type vehicle he is to use. (b) is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

SATISFACTORY
Outstanding, Satisfactory, Unsatisfactory

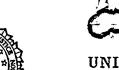
### EDWIN R. TULLY SPECIAL AGENT, GS:--14

This is a transfer performance rating on the departure of SA Tully from the Seat of Government en route to the Oklahoma City Office where he is to assume the duties of Assistant Special Agent in Charge.

Agent Tully has continued to function as the Supervisor in Charge of the Sovme Unit of the Espionage Section, with seven other Agent Supervisors under his supervision. My comments in his annual performance rating are still applicable. Tully is thoroughly experienced in the field of Soviet intelligence and has made valuable contributions to the work of the Unit and Section. He has demonstrated considerable administrative and organizational ability in planning and directing the operations of the Unit which has under its supervision some of the most complex phases of the work of the Bureau.

From May 7 through May 15, 1956, Agent Tully attended a "Special Administrative School. He has done and excellent job and is entitled to a rating of Satisfactory.





UNITED STATES DEPARTMENT OF JUSTICE.

FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director. FBI

Dear Sir:

NOTICE OF ARRIVAL OR DEPARTURE OF EMPLOYEES ON SPECIAL OR COURT ASSIGNMENTS: ALSO NOTICE OF ARRIVAL OR DEPARTURE OF EMPLOYEES ON TRANSF NAME EDWIN R. TULLY OFFICE OF ASSIGNMENT OKIAHOMA CITY, OKIAHOMA NATURE AND DURATION OF ASSIGNMENT Transfer from S. O. G.

REPORTED FOR DUTY (necessary only for arrivals on transfer):

8:00a.m. 7-17-56 attached is SF-71 for 8 hrs. excess travel time. DEPARTED

DESTINATION

detacked and sent to do. 125/56

(Time and Date)

Following information to be furnished only when an employee arrives your office on transfer:

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

NAME Mrs. Mildred Tully

ADDRESS 7337 Hawthorne St. Hyattsville, Md.

RELATIONSHIP \_\_\_Wife

ARRIVED \_\_\_ 6:20 P.M. 7-16-56

Very truly yours,

JUL 23 9 55 AH '56 JUL 31 3 26 PH '56

Rec'd not 12 5 7/25/56

So Checker 3:40 7-27

EC'D-PERSN. JUL I. 7TH FLOOR III 31 4 09 PH '56

00

ca Donahoe () O ford

SAC, OKLAHOMA CITY (Orig. & 1 cc)

July 18, 1956

DIRECTOR, FBI

SPECIAL AGENT EDWIN R. TULLY

Following overtime figures for July 1 - 13, 1956; are applicable to respective columns on FD-261 and are forwarded so consolidated report can be submitted for July:

1) (2) (3) (4) 6 9 - 87 1 - 36 6

SBD:hmm
(5)

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Belmont
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Mohr
Parsons
Rosen
Tamm
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Winterrowd
Tele. Room
Holloman
Gandy

Prepared by: Mary Checked by Filed by:

SAC, Oklahoma City

7-30-56

Director, FBI (67-211900)

REGISTERED MAIL

MR. EDWIN R. TULLY ASSISTANT SPECIAL AGENT IN CHARGE

### PERSONAL AND CONFIDENTIAL

There are transmitted herewith the field personnel file and duplicate property card of the above employee who is presently assigned to your office. The firearms record card is being prepared and will be forwarded under separate cover. .

The following additional information is furnished you covering his assignment as a Supervisor at the SOG:

> GS 14; \$10,320 per annum. Present Grade and Salary:

Assignment: February 11, 1952, Supervisor in the Domestic Intelligence Division.

UPA to \$7640 in Grade GS 12, effective Promotions: May 25, 1952. To Grade GS 13, \$8360 per annum, effective March 29, 1953. UPA to \$8560 in Grade GS 13, effective September 26, 1954.
BSI to \$9205 in Grade GS 13, effective March 13, 1955. To Grade GS 14, \$10,320 per annum, effective September 25, 1955.

His cervices were satisfactory during his assignment in the Domestic Intelligence Division. His last performance wating dated July 13, 1956, was Satisfactory.

> Specialized Bureau Training Schools: Correspondence School, December 17, 1953. Inspector 5
> Aide Training, August 19, 1955. Administrative Firearra Training, September 26, 1955. Special Administrative School, May 7, 1956. MAILED B

JUL 3 0 1956

COMM-FRI

Parsons Englosures (2)

Rosen -Tamm, Nease ...

Tolson

Nichols

Mason ...

Boardman . Belmont .

Winterrowd L

Tele. Room .. Holloman ...

CC: Mr. Mason - It is desired that firearms record card be furnished as requested.

SAC, Okiahona City RE: Mr. Edwin R. T

Date of Last In-Service Training: September 17, 1951.

Date of Last Naval Physical Examination: April 6, 1956.

Consured by letter on June 11, 1954, and March 15, 1955.

Director, FBI

EXECUTIVE ORDER 10501 SAFEGUARDING OF OFFICIAL INFORMATION in the interest of the defense of the United States

Re memorandum to you from Mr. W. A. Branigen dated 0-8-56. Authority to classify, declassify, upgrade or downgrade defense information is granted to Supervisors W. Donald Stewarf and Frederick L. Edwards as long as they serve as supervisors in the Domestic Intelligence Division.

SA Stewart is considered as a replacement for SA John A. Chase, recently transferred to the Training and Inspection Division, and SA Edwards is considered a replacement for SA Edwin R. Tully, recently transferred to the field as an Assistant Special Agent in Charge.

SA Harold E. Welborn is being deleted from the list of those granted authority in the Domestic Intelligence Division as he has been transferred to the field as an Assistant Special Agent in Charge.

cc - Mr. Mohr -- Movement Unit should make appropriate record of the above grants and withdrawals of authority.

cc - Personnel file of: W. Donald Stewart SA John A. Chase SA-

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7 Edwin R. Tully

Harold E. Welborn

WWW:mbk

TELETYPE 8/14/56
SAC, OKLAEOLA CITY URGENT

RE: EDITIO R. TULLY, EMPLOYEE NUMBER ZEEO, FIVE, ONE,
FOUR, THREE. TIME AND ATTENDANCE REPORT FOR FAY FERIOD
NUMBER SEVENTEEN REFLECTS NO REGULAR EOURS WORKED. FAYIETT
BEING MADE FOR EIGHTY HOURS. CONFIRM.

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Mr. Nichols. FEDERAL BUREAU OF INVESTIG Mr. Boardman U. S. DEPARTMENT OF JUSTIC Mr. Belmont. COMMUNICATIONS SECTION Mr. Mason. Mr. Mohr-Mr. Parsons ], Mr. Rosen Mr. Tamm. TELETYPE Mr. Nease. Mr. Winterrowd Tele. Room. Mr. Holloman FBI OKLAHOMA CITY 8-14-56 3-08 PM CST WSW Miss Gandy DIRECTOR, FBI..... URGENT RE. EDWIN R. TULLY, EMPLOYEE NUMBER ZERO, FIVE, ONE, FOUR, THREE REURTEL THIS DATE. TIME AND ATTENDANCE REPORT SHOULD HAVE SHOWN THIS EMPLOYEE WORKING EIGHT HOURS REGULAR FOR EACH DAY DURING PAY PERIOD NO. SEVENTEEN, EXCEPT HE SHOULD BE SHOWN ON AL AUGUST FIRST. PAYMENT FOR EIGHTY HOURS IS CORRECT. BRYCE Mr. Mohr END 5-10 PM OK FBI WA RG Searched Numbere 1 10 AUG 21 1956 FEDERAL BUILDAD OF MINESTIGATION

Mr. Tolson.



#### RECEIPT FOR GOVERNMENT PROPERTY FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

Okla. City, Okla. Sept. 24, 1956

Inspector's manual # 375

(issued 8-15-56)

RETURNED

Inspector's manual # 843

Inspector's manual # 843

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### FEDERAL BUREAU OF INVESTIGATION.

#### UNITED STATES DEPARTMENT OF JUSTICE

AIRTEL

AIRTEL

Transmit the following Teletype message to:

Mr. Tamm
Mr. Neast Price
Mr. Winterfewd
Tele. Room
Mr. Holloman
Miss Gandy

Mr. Tolson Mr. Nichols Mr. Boardman

Mr. Belmont. Mr. Mason....

Mr. Mohr. Mr. Parsons Mr. Rosen

FBI OKLAHOMA CITY

AUGUST 22, 1956

Jan Jan

DIRECTOR

RE ASAC EDWIN R. TULLY

ASAC TULLY has established permanent residence at 3000 N. W. 69th St., Okla. City, Okla., telephone number VIctor 2-3682.

BRYCE

ERT/ms (4)

Noted in Comm. Sect.

WANUL HELVEDEDE

3408

Approved:

Special Agent in Charge

Sent\_\_\_\_M

Per





## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

6 Prouvent

|                                              |                              | -                                         |
|----------------------------------------------|------------------------------|-------------------------------------------|
| Name of Employee:                            | EDWIN R. TULLY               |                                           |
| Where Assigned:                              | OKLAHOMA CITY                |                                           |
|                                              | (Division)                   | (Section, Unit)                           |
| Payroll Title:                               | ASSISTANT SPECIAL AC         | ENT IN CHARGE                             |
| ating Period: from                           | JULY 17, 1956 to             | SEPT. 14, 1956                            |
| 7.7                                          |                              |                                           |
| Section 14 Teacher Control                   | SATISFACTORY                 | Employee's<br>Initials                    |
| DJECTIVE RATING                              | Outstanding, Satisfactory, U |                                           |
|                                              | XX XX - STERRING             | A ATTITUTE WAY AVEL TO AME AND ADMINISTRA |
|                                              | Signature                    | AGENT IN CHARGE SEPT. 14 Title Date       |
| Reviewed by:                                 | Signature Signature          | Title Date  Title Date                    |
| Rated by:  Reviewed by:  Rating approved by: | Signature                    | Title Date                                |

NARRATIVE COMMENTS

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

SEP I O TOS





## PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

|                                         | (For use as attachment to Performance Rating Form No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       | •                                     |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
|                                         | EDWIN R. TULLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                  | ISTANT<br>CIAL A                                                                                                                                      | GENT IN CHARC                         |
| Vam                                     | e of Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7-17-56<br>Rating Period:                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                       | 9-14-56<br>                           |
|                                         | RATING GUIDE AND CHECK-LIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       | -                                     |
| Vote<br>1                               | Rate items as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | employees, in san                                                                                                                                                                                                                                                                                                                                | ne salary gra                                                                                                                                         | de should be compared.                |
| - O                                     | Satisfactory (ranging from good to excellent but not sufficient to rate outstanding).  Unsatisfactory.  No opportunity to appraise performance during rating period.  le for determining adjective rating:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                       | •                                     |
| In 'C<br>is se<br>so fa<br>nark<br>ight | Outstanding' rating cannot be justified unless all elements rated are 'plus'; and in addition, of course, super out on the reverse of form FD-185: in as 'Satisfactory' and 'Unsatisfactory' ratings are concerned, it is impossible to provide a mechanical form is because such would presume equal weight for all elements rated. Good judgment must be exercised of the elements rated. All minus marks must be supported by narrative detail, and of course, all 'Unsative on the reverse of form FD-185.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                                                                                                                                                                                                                                                                                                                                | _                                                                                                                                                     |                                       |
| 1                                       | (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).  (4) Physical fitness (including health, energy, stamina).  (5) Resourcefulness and ingenuity.  (6) Forcefulness and aggressiveness as required.  (7) Judgment, including common sense, ability to arrive at proper conclusions; ability to define objectives.  (8) Initiative and the taking of appropriate action on own responsibility.  (9) Planning ability and its application to the work.  (10) Accuracy and attention to pertinent detail.  (11) Industry, including energetic consistent application to duties.  (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.  (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and know how of application.  (14) Technical or mechanical skills.  (15) Investigative ability and results:  (20) Perform the work.  (21) Executable to duties.  (22) Ability to define objectives:  (23) Organ in the proper of the work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.  (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and know how of application.  (14) Technical or mechanical skills. | opment of inform ting ability: ) Investigative rep Summary report Memos, letters, onsider: conc Thoroughness, mance as a witne tive ability: ) Leadership ) Ability to handl ) Planning ) Making decision ) Assignment of v ) Training suborc Devising proced ) Emotional stabi ) Getting results y on raids and da ) As leader ) As participant | ports ts wires iseness; — accuracy administrativ ess.  e personnel is work linates lures lity morale angerous assi t, such as m pressure. y and rate: | gnments: aking of suggestions for     |
|                                         | Specify general nature of assignment during most of rating period (such as security, criminal, app)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | licant squad or                                                                                                                                                                                                                                                                                                                                  | e resident A                                                                                                                                          | gent supervisor instric-              |
| A.                                      | tor, etc.):  Assistant Special Agent in Charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                       | Soul anharmont moreno.                |
| В.                                      | Specify employee's most noteworthy special talents (such as investigator, desk man, research, instruction Desk man.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ctor, speaker): _                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |                                       |
| <b>C.</b>                               | (1) Is employee available for general assignment wherever needs of service require? Yes If answer (2) Is employee available for special assignment wherever needs of service require? Yes If answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | er is not 'yes', exp<br>r is not 'yes', expl                                                                                                                                                                                                                                                                                                     | lain in narra                                                                                                                                         | tive comments.)                       |
| D.                                      | Has employee had any abnormal sick leave record during rating period? No (If so, explain in narra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rative comments.                                                                                                                                                                                                                                                                                                                                 | )                                                                                                                                                     |                                       |
|                                         | ADJECTIVE RATING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ç                                                                                                                                                                                                                                                                                                                                                | ORT                                                                                                                                                   | · · · · · · · · · · · · · · · · · · · |

Outstanding, Satisfactory, Unsatisfactory

Okla. City, Okla. Sept. 14, 1956

EDWIN R. TULLY ASSISTANT SPECIAL AGENT IN CHARGE

SIXTY DAY PERFORMANCE RATING

Mr. Tully assumed the duties as Assistant Special Agent in Charge of the Okla. City Office July 17, 1956, following his transfer of June 27, 1956, from the Seat of Government.

This employee presents a very neat appearance and possesses a pleasing personality. He is amenable to constructive suggestions, intelligent and aggressive. He is affable, well liked by his fellow employees and commands the respect of his subordinates. He has exhibited above average initiative in assuming responsibilities during my absence from the headquarters city. He produces a very good volume of work, which requires no supervision. He is conscientious, loyal and dependable. During the rating period favorable comments have been received regarding his appearance on three separate occasions as a representative of the Bureau before various civic organizations. His progress in the field has exceeded my expectations. The is in need of additional field experience since he has been assigned to the Seat of Government for a considerable length of time. He has recognized this need, and accordingly he is making every effort to gain such experience. He is being afforded an opportunity to develop through practical experience in every phase of the administration of the office. He definitely possesses both supervisory and administrative ability. This employee will have no difficulty whatsoever in acclimating himself to this particular section of the country. He uses good, sound judgment.

I am of the opinion that ASAC Tully will continue to show rapid improvement and that greater things can be expected of him in the Bureau.

Rating: SATISFACTORY

D. A. BRYCE

SAC

DAB/ms

T have read the above.

6527

Name: / EDWIN R. TULLY

Title: Assistant Special

Agent in Charge

Payroll No.: 05143

Grade: GS-14 at \$10,320

EOD: Jan. 4, 1943

Not on Probation

Non-Veteran

Mr. Tully assumed the duties of ASAC of the SAC BRYCE: Oklahoma City Office on July 17, 1956, following his transfer from the Seat of Government. He presents a very neat appearance, possesses a pleasing personality and is amenable to constructive suggestions. He is intelligent, aggressive, conscientious and loyal. His progress in the field has been very satisfactory. He has acclimated himself to the southwest more rapidly than the average employee who has never served in this particular section of the country. Numerous favorable comments have been received regarding his appearance as a speaker before various civic and service clubs. He handles a very good volume of work, which requires no supervision. has taken advantage of the opportunity to gain field experience, which has helped him considerably in his official assignment. He possesses both supervisory and administrative ability. I of the opinion that he will show rapid improvement in every respect and that greater things may be expected of him.

Rating: Satisfactory

INSPECTOR TEAGUE: Mr. Tully is a first-office ASAC of only several months experience. He makes an excellent personal (Mr. J. H. Gale) appearance, is loyal, industrious and aggressive. He has adapted himself well to his first assignment as ASAC and is making good progress. No substantive errors were found on the ASAC's desk during the period which he has held this position. It is believed that with additional experience he will definitely be capable of handling a larger office as ASAC. His average voluntary overtime for the last 4 months was 2 hours, 57 minutes per day compared to office average for the past 6 months of 2 hours, 27 minutes per day. He is SAC material.

DAB/ms

RECOMMENDATION: No action is necessary on this write-up as similar OKLAHOMA CITY INSPECTION information was included in memorandum from Tamm to Mr. Tolson dated 11-19-56, reporting inspection results.

EL-MOR RECORDED.

6 6 NOV 27 1956

November 21, 1956

AIR-TEL

SAC, OKLAHOMA CITY

INSPECTIONS

Instruct ASAC E. R. Tully to report to Ur. A. T. Healy at Albuquerque, 8:30 a.m., November 26, for a three-week inspection assignment.

HOOVER

Movement cc:

WMW:js (5) |5

Tolson . Nichols Boardman . Belmont \_ Mohr :

Parsons . Rosen.

Tamm Trotter Nease.

Winterrowd. Tele. Room \_ Holloman

MAILED 4 NOV 21 1956 COMMARBI

CANOT ALCORDONS

661101/201956

### Office Memorandum • UNITED STATES GOVERNMENT Mr. TAMM DATE: December 14, 1956 TO

FROM :

A. T. HEALY

SUBJECT:

ASAC EDWIN R. TULLY Inspector's Aide

Winterrowd Tele. Room ASAC TULLY, assigned Oklahoma City, assisted Holloman . in the Albuquerque and Denver inspections November 26 -Gandy. December 14, 1956. He served as Number One man and was assigned to inspection of physical condition and maintenance, pending investigative work, pending stenographic and typing work, stenographic, typing, teletype, and radio examinations, FBI applicants, contacts program, and other miscellaneous assignments.

This has been ASAC TULLY's first inspection assignment. He has adapted himself readily to inspection procedures; has a sound over-all knowledge of field office administration and Bureau policy. He did a competent job as Number One man and directed the activities of the Aides in a capable fashion. He is resourceful, exercises initiative, and his performance was entirely satisfactory. He advises that he is interested in administrative advancement and is available for general and special assignment.

Rating: Satisfactory Aide's Initials cc-SAC Oklahoma City (Personal and Confidential) (sent separately)

ASAC Tully appears to have definite SAC potential; A. T. HEALY: he is rapidly acquiring a good knowledge of fieldoperations. He performed capably as Number One Man on inspection 1957 and should be afforded additional experience in this capacity. WEST TON

RECOMMENDATION: None. . . Informative.

1031 125) PH "St

Tolson

Nichols Boardman Belmont

Mohr Parsons

Roseo. Nease .

Office Memorandum • united states government

то

Director, FBI

DATE: April 15, 1957

FROM,

SAC, Oklahoma City

SUBJECT:

PROPERTY ASAC EDWIN R. TULLY,

OKLAHOMA CITY

This is to advise that the zipper brief case charged to ASAC TULLY was destroyed since it was damaged beyond repair. This item is being removed from the inventory with the request that the Bureau do the same.

ERT:mb (3)

Joventons Corrected Cy-19-57

BER JLB

76

5-8 APR 22 1957

| y and                                                   | organizational des                                         | of Justice                       |                              |             | <del></del>    | 2. Poy 1         | s. GOVERNME                                                      | 3. Block    |                             | 4. Slip No.<br>902 |
|---------------------------------------------------------|------------------------------------------------------------|----------------------------------|------------------------------|-------------|----------------|------------------|------------------------------------------------------------------|-------------|-----------------------------|--------------------|
|                                                         | ame (and social see                                        | curity account number will SA(AS |                              | 43          |                | 6, Grade a       | nd solony                                                        | 535         |                             |                    |
|                                                         |                                                            |                                  | PAY RO                       | OLL CHA     | NGE DAT        | Α                |                                                                  |             |                             |                    |
|                                                         | BASE PAY                                                   | OVERTIME                         | GROSS PAY                    | RET.        | TAX            | BOND             | F. I. C. A.                                                      |             |                             | NET PAY            |
| 7. Previous normal                                      |                                                            |                                  |                              |             |                |                  |                                                                  | _           |                             |                    |
| 8. New<br>normal                                        |                                                            |                                  |                              | <del></del> |                |                  |                                                                  | <u> </u>    |                             |                    |
| 9. Pay this period                                      |                                                            |                                  |                              |             |                | 1                |                                                                  |             | 11/2                        |                    |
| 10. Remarks:                                            | 5.FEB                                                      | 271957                           |                              |             | (2)            | RI               | CO'L'                                                            | りか。         | J2. Prepared  13. Audited E |                    |
| Periodic                                                | step-increase                                              | Pay adjustment                   | Other step-increa            |             | 40'I           | ما               |                                                                  |             |                             |                    |
| 14, Effective<br>date<br>3-24-57                        | 15. Date last equivalent increases                         | 16, Old salary<br>rate           | 17, New solary rate \$10,535 | GT.         | Performênce ro | ting is satisfac |                                                                  | or other au | thentication                |                    |
| during follow<br>Period(s):                             | Fitt in appropriate<br>ring periods):                      | spaces covering LWOP             |                              |             | □ In p         | ay status at e   | case of excess LW<br>nd of waiting period<br>t end of waiting pe | VOP)<br>od. | ive                         | nitials of Clerl   |
| STANDARD FOR,<br>Form prescribed to<br>Nov. 8, 1950, Ge | M NO. 1126d—Re<br>by Comp. Gen., U.<br>neral Regulations N | evised<br>S.<br>No. 102          |                              |             | PAY ROLL       | CHANGE S         | LIPPERSONI                                                       | IEL COPY    |                             | 1/2/10             |

# STANDARD FORM 50 -REV. APRIL 1951 PROPULEATED BY U. S. CIVIL SERVICE COMMISSION CHAPTER RI. FEDERAL PERSONNEL MANUEL

# U. S. DEPARTMENT OF JUSTICE PROPERTY OF INVESTIGATION WASHINGTON 25, D. C.

FORM APPROVED BUDGET BUREAU NO. 50-RO64

JE U. S. GOYERNHENT PRINTING OFFICEL 1953-257982

SE, BUREAU NO. SOMOON

### NOTIFICATION OF PERSONNEL ACTION

|                                                                        | <b>-</b> = =       |                                       | •, • • • • • •                        | H ACTION                                                     |                                         |
|------------------------------------------------------------------------|--------------------|---------------------------------------|---------------------------------------|--------------------------------------------------------------|-----------------------------------------|
| T. NAME (HRMISS-MRSFIRST-MIDDLE INITIAL-LAST)                          | -                  | 2. DATE OF                            | BIRTH                                 | 3. JOURNAL OR ACTION NO. F. B. I.                            | . 4. DATE                               |
| MR. EDWIN R. TULLY 05143                                               |                    | 11-30                                 | -19                                   | 17429                                                        | 1-25-57                                 |
| his is to notify you of the following action affecting your employment | :                  |                                       | · · · · · · · · · · · · · · · · · · · |                                                              |                                         |
| 5. NATURE OF ACTION (USE STANDARD YERMINOLOGY)                         |                    | 6. EFFECTIV                           | E DATÉ                                | 7. CIVIL SERVICE OR OT                                       | HER LEGAL AUTHORITY                     |
| CHANGE IN TITLE                                                        | -                  | i-27-                                 | 57                                    | EXCEPTED B                                                   | ž LAW                                   |
| FROM                                                                   | . — , -            |                                       | - 44                                  | то                                                           | , · · · · · · · · · · · · · · · · · · · |
| SA                                                                     | 8. POSITI          | ON ÎITLE 🦠 🦠                          | SA(A                                  | ASAC)                                                        | k                                       |
| GS 14<br>\$10,320 per annum                                            | 9. SERVIC<br>SALAR | CE, SERIES,<br>Y. GRADE               | GS<br>\$10                            | llı<br>,320 per annı                                         | ım                                      |
|                                                                        | 10. ORGA<br>DESIG  | NIZATIONAL<br>SNATIONS                |                                       | ٠.,                                                          | - · · · · · · · · · · · · · · · · · · · |
|                                                                        | 11. HEAD           | QUARTERS                              | ı                                     |                                                              |                                         |
| F FIELD DEPARTMENTAL                                                   | 12.»FIELD          | OR DEPTÍL                             | L                                     | F FIELD                                                      | DEPARTMENTAL                            |
| X SEX. RACE 18. PROPERTY OF THE SEX. RACE 18. PROM: 19. SAME           | - '                | NEW VICE                              | I. A. REAL                            | 19. DATE OF APPOINT-<br>MENT AFFIDAVITS<br>(ACCESSIONS ONLY) | 20. LEGAL RESIDENCE  CLAIMED PROVE      |
| DIRECTOR, F. B. I.                                                     | 4                  |                                       |                                       | 65                                                           | MA: CAD                                 |
| 55 FEB 8 1957                                                          |                    | · · · · · · · · · · · · · · · · · · · | 20                                    | RECORT                                                       | DED-T                                   |

FD-185 (Rev. 12-13-56) DATE 12 2 -2011





### FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

|                            |                           | $\cap$    | -                                                                          |                     |      |
|----------------------------|---------------------------|-----------|----------------------------------------------------------------------------|---------------------|------|
| Name of Employee:          | EDWIN R.                  | TULLY     |                                                                            |                     |      |
| Where Assigned:            | OKLAHOMA<br>(Division)    | CITY_     | (Section, Unit)                                                            |                     |      |
| - Official Position Title: | ASSISTANT                 | SPECI     | IAL AGENT IN CHARGE                                                        | y N                 |      |
| Rating Period: from        | APRIL 1,                  | 1956      | to MARCH 31, 1                                                             | 9 <u>57</u>         |      |
|                            |                           | w #       |                                                                            |                     | ,    |
| ADJECTIVE RATING:          | EXCELLENT<br>Outstanding, |           | Satisfactory, Unsatisfactory                                               | Employee's Initials |      |
| Rated by:                  | 200                       | Juj       | SPECIAL AGENT<br>IN CHARGE                                                 | APRIL 1,            | 1957 |
| Reviewed by:               | 'Signature                |           | Title                                                                      | Date                |      |
| Rating Approved by:        | Signature                 | dr        | Title Assistant Director                                                   | Date<br>APR 19      | 1957 |
| Rating Approved by         | Signature                 | -         | Title                                                                      | Date                | •    |
| ( 29 (                     |                           | PE OF REI | Administrative  ( ) Administrative  ( ) Transfer  ( ) Separation from Serv | 18 1957             |      |

### NARRATIVE COMMENTS

Note:

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

7861 E S 99A

### POFORMANCE RATING GUOZ FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

ASSISTANT SPECIAL EDWIN R. TULLY AGENT IN CHARGE Name of Employee Rating Period: from RATING GUIDE AND CHECK-LIST Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared. Rate items as follows: Outstanding (exceeding excellent and deserving of special commendation). Satisfactory (good or very good). Unsatisfactory . No opportunity to appraise performance during rating period. Guide for determining adjective rating: "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated. A. Any <u>element</u> rated "Unsatisfactory" must be supported by narrative comments.

B. An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185. (1) Personal appearance. (17) Firearms ability. (2) Personality and effectiveness of his personal contacts. 2. (18) Development of informants and sources of information. (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share (19) Reporting ability: ± (a) Investigative reports work load). ± (b) Summary reports (4) Physical fitness (including health, energy, stamina). ± (c) Memos, letters, wires . (5) Resourcefulness and ingenuity. (Consider: \_\_\_\_conciseness; \_\_\_clarity; \_\_\_organization; (6) Forcefulness and aggressiveness as required. thoroughness: + accuracy; + adequacy and perti-(7) Judgment, including common sense, ability to arrive at proper nency of leads; \_\_tadministrative detail.) conclusions, ability to define objectives. : (20) Performance as a witness: 1 (8) Initiative and the taking of appropriate action on own (21) Executive ability: responsibility. (a) Leadership
 (b) Ability to handle personnel
 (c) Planning
 (d) Making decisions ± (9) Planning ability and its application to the work. 12 (10) Accuracy and attention to pertinent detail. (11) Industry, including energetic, consistent application to duties. (12) Productivity, including amount of acceptable work produced Assignment of work Training subordinates and rate of progress on or completion of assignments. Also (g) Devising procedures (h) Emotional stability. consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. Promoting high morale + (13) Knowledge of duties, instructions, rules and regulations, in-(i) Getting results cluding readiness of comprehension and "know how" of (22) Ability on raids and dangerous assignments: application. (a) As leader (14) Technical or mechanical skills. ᆂ (b) As participant (15) Investigative ability and results: (23) Organizational interest, such as making of suggestions for 1 (a) Internal security cases improvement. E (b) Criminal or general investigative cases 1 (24) Ability to work under pressure, 4 (c) Fugitive cases (25) Miscellaneous. Specify and rate: ± (d) Applicant cases Dictation ability (e) Accounting cases (16) Physical surveillance ability. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): \_ Assistant Special Aget in Charge Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): Desk man: (1) Is employee available for general assignment wherever needs of service require? Ye (if answer is not "yes," explain in narrative comments.) (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.) D. 1. Has employee had an abnormal sick leave record during rating period? NO 2. Has employee used more sick leave during rating period than earned during such period? \_No\_ (If answer to either question is "Yes," explain in narrative comments.) Is employee qualified to operate a motor vehicle incidental to his official duties? X Yes No If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test. EXCELLENT ADJECTIVE RATING:

Outstanding, Excellent, Satisfactory, Unsatisfactory

Okla. City, Okla. April 1, 1957

EDWIN R. TULLY Assistant Special Agent in Charge GS-14

### ANNUAL PERFORMANCE RATING

### PART I - GENERAL COMMENTS

ASAC Tully presents an excellent appearance and possesses a very pleasing personality. He is well liked by his fellow employees, and he commands the respect of his subordinates. Numerous favorable comments have been received pertaining to his appearances as a Bureau representative before various civic groups throughout the field division.

He is amenable to constructive suggestions. He is intelligent and aggressive, and he exercises sufficient force and initiative to protect the Bureau's interests at all times. He is conscientious, loyal and dependable.

He produces a very large volume of work, which requires no supervision. He has exercised extremely good judgment in making decisions of an official nature. He is physically capable of performing arduous duties, and his services can be utilized on dangerous assignments. He has gained considerable knowledge and field experience since his assignment here, and his progress has been above expectations in every respect.

### PART II - SPECIFIC COMMENTS

1. Justification for Any Minus Ratings Given

N. A.

### 2. Experience and Ability as an Inspector's Aide

ASAC Tully assisted in the Albuquerque and Denver inspections November 26 - December 14, 1956. He was assigned as Number One man and was assigned to the inspection of physicial condition and maintenance, pending investigative work, pending stenographic and typing work, stenographic, typing, teletype and radio examinations, FBI applicants, contacts program and other miscellaneous assignments. This was ASAC Tully's first inspection assignment. The

Inspector commented, "he adapted himself readily to inspection procedures; has a sound over-all knowledge of field office administration and Bureau policy. He did a competent job as Number One man and directed the activities of the Aides in a capable fashion. He is resourceful, exercises initiative, and his performance was entirely satisfactory."

### 3. Participation in Informant Programs

He assists in the administration of the informant programs. His ability in this respect is very satisfactory.

### 4. Testifying Experience and Ability

ASAC Tully has testified on numerous occasions in the past in U. S. District Courts, before Federal Grand Juries and before U. S. Commissioners. He has not had an opportunity to testify in court during his assignment in this field division. I am convinced, however, that he would make an excellent witness.

5. Disciplinary Action

N. A.

6. Accounting Information

N. A.

### 7. Police Instruction

ASAC Tully has appeared as an instructor at two separate police training schools, one at the Oklahoma City Police Department and one at the Midwest City Police Department. Numerous favorable comments have been received pertaining to his ability in this respect.

### 8. Sound Training

### 9. Current Suitability for Administrative Advancement

This employee definitely possesses both supervisory and administrative ability. This has been indicated by the manner in which he has marshaled his assignments in this office to get best results from efforts expended. He has proven himself a leader. He is interested in administrative advancement in the Bureau, and he is available for assignment in any section of the country!

This employee in my opinion is qualified to assume the responsibilities of an SAC, and he should be considered for advancement in line with the Bureau's program.

Rating: EXCELLENT

D. A. BRYCE SAC

DAB/ms

Employee's Initials

B 2 4 2



### UNITED STATES DEPARTMENT OF JUSTICE

#### FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of gents killed in the line of duty.

Name MILDREN TULLY Relationship

Relationship wefe

Date 5-31-57

Address 3 as Nu 69 St. Ohlahama City Obla.

3 fortes

Jun 10 1957

Very truly yours,

Special Agent

#### Personal and Confidential

YELLOW DUPLICATE JUNS 1957

MAILED

Mr. Delf A. Bryce Federal Dureau of lavestigation Oklahoma City, Oklahoma

Cear Mr. Bryce:

I want to commend the agents who participated in the investigation of the Extortion case involving Donald Ray Franklin for their splendid work.

This investigation was conducted in a most satisfactory manner and I am impressed by the efficient and effective fashion in which these agents discharged their duties. Please express my thanks to those who participated.

Siscorely yours,

CC: SAC, Oklahoma City (Personal Attention)
Place copy of this letter in personnel files of
participating agents.

HWC:bwc

(12) Personnel files of SAS: Jesse L. Ord. Clair B. Empey, Bennie C. Garren, Troy H. Gist, May L. Greenstreet, Wilson McCully, Charles F. Bullard, Max E. R. Tully.

92

Office Memorandum • United States Government

Director, FBI

DATE: May 27, 1957

FROM

SAC Moklahoma City (9-899)

SUBJECT:

wa. VICTIM

EXTORTION: JDA

On 5-16-57, the Chief of Police at Claremore, Oklahoma, advised that the Victim had received an unsigned, typewritten letter, postmarked Claremore, Oklahoma, 5-15-57, demanding \$5000.00, accompanied by a threat to kill one of Victim's sons. The letter indicated the money was to be placed in a paper sack and thrown out in the highway near the Will Rogers Memorial at 3:00 p.m., Sunday, 5-19-57.

The purpose of this letter is to recommend that the Bureau send a letter of commendation to this office in this case with carbon copies for the Agents who participated in the payoff.

The case is assigned to SA CLAIR, B. EMPEY, who draw an excellent job in coordinating the police assistance and in locating suitable garage and home facilities in the area of the payoff so that the Agents and Police officers were successfully hidden, yet in a position to see the payoff area july hidden, yet in a position to see the payoff area july hidden, yet in a position to see the payoff area july hidden, yet in a position to see the payoff area and diagraming the area so well that each officer had a clear picture.

The payoff was covered by SAS JESSE L. ORR, CLAIR B. EMPEY, BENNIE C. GARREN, TROY H. GIST, and MAX L. GREENSTREET of the Tulsa Resident Agency, and SAS WILSON MCULLY and CHARLES F. BULLARD, under the direction of ASAC E. R. TULLY!

As the Bureau knows, the Subject, a 14-year-old boy, appeared at the payoff area at about 3:15 p.m. and after checking the area carefully, grabbed the package, only to be grabbed by the Agents before he got very far.

I have sent letters of appreciation to the Police officers involved and, while I do not feel that individual letters of commendation need be sent to the Agents mentioned herein, I do feel that the case resolved in such a satisfactory and businesslike fashion that a letter of commendation be directed to the office with copies for the personnel files of the Agents mentioned herein.

ERT: mb\_6 / - (42)C// 2- -

2 - Bureau (1.1 0 15) 2 - Okla. City (9-899)

(9-899) (67-210)

1957 1957 W. 1957

b6 b7C

LO JUL 25 1957

|                   |                                                                                                                                                                                                                                                                                            |                                         |                  |                   |               |             |                                                        |                                       |                                              |          |              |         |                                              | ~             |                    |            | <del></del>   |             |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------|-------------------|---------------|-------------|--------------------------------------------------------|---------------------------------------|----------------------------------------------|----------|--------------|---------|----------------------------------------------|---------------|--------------------|------------|---------------|-------------|
|                   | ***;                                                                                                                                                                                                                                                                                       | **                                      | RECT             | MEASHP            | EMEN          | SAND        |                                                        |                                       | DING                                         | \$       | ٠            |         |                                              |               |                    |            | · ···         |             |
| 51. HEIGHT        | 52. WEIGHT                                                                                                                                                                                                                                                                                 | i i                                     | OLOR HAIR 1      | F B               | LONEY         | ES          |                                                        |                                       | r                                            | Y3       | 1            | <br>ا   | 6                                            | ٦             |                    | 1          |               |             |
| 71-7              |                                                                                                                                                                                                                                                                                            |                                         | rown             | 1 4               | <u> 31 ae</u> |             | <u> </u>                                               |                                       |                                              |          | 784          |         |                                              |               | SE<br>i            | ŀ          | 98 <b>.</b> 6 | <u> </u>    |
| 57.               | BLOOD PRESSURE (                                                                                                                                                                                                                                                                           | lrm at heart l                          | vel)             |                   | 58.           | 11-17-      | <b>}</b>                                               |                                       |                                              |          |              |         |                                              |               |                    | ٠          |               |             |
| A. SYS.           | 120 B. RECUM•                                                                                                                                                                                                                                                                              | SYS.                                    | STANDING         | sys. <b>3.</b> .] | 19,7          | <b>Hud</b>  |                                                        | B. AF                                 | TER E                                        | XERCISE  | C. 2 N       | ain, af | TER                                          | D. RE         | CUMBENT            |            |               | NDING'      |
| DIAS              | 68 BENT                                                                                                                                                                                                                                                                                    | DIAS.                                   | (5 min.)         | DIAS 🚣            |               | 76          |                                                        |                                       | _10                                          | 0        |              | _80     |                                              | <u> </u>      | <u></u>            |            |               |             |
| 59.               | DISTANT VISION                                                                                                                                                                                                                                                                             |                                         | 60.              | •                 | REFRA         | CTION.      | ,                                                      | • *                                   |                                              | ,        | 61.          |         |                                              | ŅI            | EAR VISION         | ı          |               |             |
| RIGHT 20/, 20     | CORR. TO 20/                                                                                                                                                                                                                                                                               | -                                       | BY               | <b>_</b> S.       |               | -           |                                                        | ΟX                                    | _                                            |          | 20           | /20     | CORR                                         | то            | -                  | В          | Y "=          |             |
| LEFT 20/ 20       | CORR. TO 20,                                                                                                                                                                                                                                                                               | ·                                       | BY               | 🕳 " S.            |               | _           |                                                        | ox                                    | -                                            |          | 20           | /20     | CORR.                                        | то            | _ ·                | В          | Υ, 🚗          |             |
| 62. HETEROPHOR    | A (Specify distance)                                                                                                                                                                                                                                                                       | v 0                                     | 3                |                   |               |             |                                                        |                                       |                                              | :        | ,            |         |                                              | ĸ.            | ,                  | • -        | - ,           |             |
| ES°               | EX°                                                                                                                                                                                                                                                                                        | R, H                                    | _                | L. H.             |               | PRISM       | A DIV.                                                 |                                       |                                              | PRISM -  | CONV.        |         |                                              |               | PC                 |            | PD            |             |
|                   | -                                                                                                                                                                                                                                                                                          |                                         |                  | P0                |               | -           |                                                        | •                                     |                                              | . cı     | · 0          | rt.he   | 2                                            |               | -                  |            | _             |             |
| 63.               | ACCOMMODATION                                                                                                                                                                                                                                                                              | ·                                       | 64. COLOR VI     | SION (Tes         | t used o      | and resu    | lt)                                                    | · · · · · · · · · · · · · · · · · · · |                                              |          |              |         |                                              | <del></del> 1 | UNCORRE            | CTED       | -             |             |
| RIGHT 5.0         |                                                                                                                                                                                                                                                                                            | 0                                       |                  | * *               |               | •           | e '.                                                   | Abr                                   | ٠, ١                                         | - (Te    | st used      | d and s | core)                                        | · ,           |                    | <u> </u>   |               | <del></del> |
| 66. FIELD OF VISI |                                                                                                                                                                                                                                                                                            | 1 10                                    | 67. NIGHT VIS    |                   |               |             |                                                        | 1.01                                  | <b>/</b>                                     | 68. RED  | LENS         | TEST    |                                              |               | 69. INTR           | OCULA      | R TENSI       | ON'.        |
| Nor               |                                                                                                                                                                                                                                                                                            |                                         |                  | ,                 | * ·           |             | •                                                      |                                       |                                              |          | _            |         |                                              |               |                    |            | ` ,           |             |
| 70.               | HEARING                                                                                                                                                                                                                                                                                    |                                         | 71               |                   | <u> </u>      | ÁUDION      | AFTER                                                  |                                       |                                              | l        | =            | 72. P   | SYCHOLO                                      | OGICAL        |                    |            |               | <del></del> |
| - <del>186</del>  | Ti "                                                                                                                                                                                                                                                                                       |                                         | <u> </u>         | <del></del>       |               | أخنا        |                                                        | 2.71                                  | <del></del>                                  | <u> </u> |              | 7,0     | Tests us                                     | ed and        | score)             | ,,,,,,,,,, | ,             |             |
| RIGHT WV ~        | 15/15 SV -                                                                                                                                                                                                                                                                                 | /15                                     | , ;              | 250 •<br>258      | 500<br>512    | 1000        | 2000                                                   | 3000                                  | . 4000 .<br>4096 -                           | 6144     | 8000<br>8192 |         | 1 . (                                        |               | ; - <sub>#</sub> . | و کی ہ     |               |             |
|                   | ,                                                                                                                                                                                                                                                                                          | •                                       | 5101195          |                   | <del></del>   |             | <del></del> -                                          |                                       |                                              | -        |              |         |                                              |               |                    |            |               |             |
| LEFT WV           | 15/15 SV -                                                                                                                                                                                                                                                                                 | /15                                     |                  |                   |               | <del></del> | -2-                                                    |                                       |                                              |          | - 2          |         |                                              |               | -                  |            |               |             |
| 72 +NOTES (60m)   |                                                                                                                                                                                                                                                                                            | T OD WITCOM                             | I                | 1-5               | <u> </u>      | 0           | بحب                                                    | <u> </u>                              | <u> 10</u>                                   |          | TO           |         |                                              | , -           |                    | -          |               |             |
| 73. HOTES (Com    | Mueu) And Significat                                                                                                                                                                                                                                                                       | II OK INIEKVA                           | IL HISTORY       |                   |               |             | _                                                      |                                       | ,                                            |          |              |         |                                              |               |                    |            |               | ı           |
|                   |                                                                                                                                                                                                                                                                                            |                                         | -1               | :                 |               |             | ٠.                                                     | <u>.</u> .                            |                                              |          |              |         |                                              |               |                    |            |               |             |
|                   |                                                                                                                                                                                                                                                                                            |                                         |                  |                   |               |             |                                                        | lae                                   | <b>♦</b> n                                   |          |              |         | •                                            | ч             |                    |            |               |             |
| Tonsill           | Mumps and whooping cough in childhood; no sequelae.  Tonsillectomy in childhood; no complications.  Appendectomy, 1935, normal recovery; no complications.  Mild, infrequent episodes of gastric distress in the past, last occurrence one year ago, no medication indicated; no sequelae. |                                         |                  |                   |               |             |                                                        |                                       |                                              |          |              |         |                                              |               |                    |            |               |             |
| Appende           |                                                                                                                                                                                                                                                                                            |                                         |                  |                   |               |             |                                                        |                                       |                                              |          |              |         |                                              |               |                    |            |               |             |
|                   |                                                                                                                                                                                                                                                                                            |                                         |                  |                   |               |             |                                                        |                                       |                                              |          |              |         |                                              |               |                    |            |               |             |
|                   |                                                                                                                                                                                                                                                                                            |                                         |                  |                   |               |             |                                                        |                                       |                                              |          |              |         |                                              |               |                    |            |               |             |
|                   |                                                                                                                                                                                                                                                                                            |                                         |                  |                   |               |             |                                                        |                                       | 200                                          |          | <u>،</u> + ، | - OWY   | 7140                                         | a+ 4 .        | óma                |            |               |             |
| TUTSTOT           | pe ragin or                                                                                                                                                                                                                                                                                | ionraer,                                | פ דייייי         | good              | i re          | COVE.       | r y                                                    | 110                                   | rec                                          | m.1A1    | 10 (         | COME    | الكيدر                                       | HOT           | 01120              |            |               |             |
| Ç                 |                                                                                                                                                                                                                                                                                            | is a                                    | -                |                   |               |             |                                                        |                                       |                                              |          |              |         |                                              |               |                    |            |               |             |
| ř                 |                                                                                                                                                                                                                                                                                            |                                         |                  |                   |               |             |                                                        |                                       |                                              |          |              |         |                                              |               |                    |            |               |             |
| ٠. ٠.٠            |                                                                                                                                                                                                                                                                                            |                                         |                  |                   |               |             |                                                        |                                       |                                              |          |              |         |                                              |               |                    |            |               |             |
| <i>t.</i>         |                                                                                                                                                                                                                                                                                            |                                         |                  |                   | 1 2767        | , <b></b>   |                                                        |                                       |                                              |          |              |         |                                              |               | , d = +            |            |               |             |
|                   |                                                                                                                                                                                                                                                                                            |                                         |                  | <del></del>       |               | onal she    | ets if ne                                              | C882TY                                | <u>)                                    </u> |          |              |         | ·····                                        | <del></del>   |                    |            |               |             |
| 74. SUMMARY OF    | DEFECTS AND DIAGNO                                                                                                                                                                                                                                                                         | SES (List dia                           | pnoses with iter | m number          | (4) .         |             |                                                        |                                       |                                              |          |              |         |                                              |               |                    |            |               |             |
| , t               | _                                                                                                                                                                                                                                                                                          |                                         | ±2.4€            | 6 J. 6            |               | <b>.</b> .  |                                                        |                                       | r r                                          | · , •    |              |         |                                              |               |                    |            |               |             |
| 44                | ,                                                                                                                                                                                                                                                                                          |                                         |                  | <b>V</b>          | _             | -           | •                                                      |                                       | , د                                          | AT.      |              |         |                                              |               |                    |            |               |             |
| No sign           | ificant abr                                                                                                                                                                                                                                                                                | ormali.                                 | ty note          | d on              | éxai          | mina        | tion                                                   | •                                     |                                              |          |              |         |                                              |               |                    | 6          |               |             |
| D.                |                                                                                                                                                                                                                                                                                            |                                         |                  |                   |               |             |                                                        |                                       |                                              |          |              |         | •                                            |               |                    |            |               |             |
| X                 | , '                                                                                                                                                                                                                                                                                        |                                         |                  |                   |               |             |                                                        |                                       |                                              |          |              |         |                                              |               |                    |            |               |             |
|                   |                                                                                                                                                                                                                                                                                            |                                         |                  |                   | s.            |             |                                                        |                                       |                                              |          |              | ,       |                                              |               |                    | _          |               |             |
| 75. RECOMMENDA    | TIONS-FURTHER SPE                                                                                                                                                                                                                                                                          | CIALIST EXAMI                           | NATIONS INDIC    | ATED (Sp          | ecify)        |             |                                                        |                                       |                                              |          |              | 76,     | -                                            | A: P          | HYSICAL P          | ROFILE     | '             |             |
| ` <b>=</b>        |                                                                                                                                                                                                                                                                                            |                                         | ,                | 1                 |               |             |                                                        | -                                     |                                              |          |              | Р       | υ                                            |               | L                  | н          | Ε             | S           |
|                   |                                                                                                                                                                                                                                                                                            |                                         |                  |                   |               |             |                                                        |                                       |                                              |          | · · ·        | +       | 1                                            |               |                    |            |               |             |
| 77. EXAMINEE (C   | hack) [ T                                                                                                                                                                                                                                                                                  | ··· : : : : : : : : : : : : : : : : : : |                  | 1023              |               |             |                                                        |                                       | -                                            |          |              |         | <del></del>                                  |               |                    |            |               |             |
|                   | ed for Gener                                                                                                                                                                                                                                                                               |                                         |                  |                   |               |             |                                                        |                                       |                                              |          | 1            |         |                                              | B. PH         | YSICAL CA          | TEGOR'     | ,             |             |
| B. IS NO          | OT QUALIFIED FOR                                                                                                                                                                                                                                                                           | ar bor                                  | VICE             | , i.e.            |               |             |                                                        |                                       | to a s                                       | †        |              | 1       | ، جن ا<br>آ                                  | K.            | ,                  | 2          | 3             | •           |
| 70 17 10 27 01111 | CITO LIOY DISCOULLED                                                                                                                                                                                                                                                                       | UNA AFEFATA                             | 74               |                   |               | <del></del> |                                                        | <u>`</u>                              | 59.4                                         |          | -            |         |                                              | <u> </u>      | , 1                | <u> </u>   | <u> </u>      |             |
| 78. IF NOT QUALI  | FIEO, LIST DISQUALIFY                                                                                                                                                                                                                                                                      | ING DEFECTS                             | BT IJEM NUMB     | CK                |               |             |                                                        |                                       | 1                                            |          | ~            |         |                                              |               | <u> </u>           | <u> </u>   | -             |             |
|                   | W.(A.1)                                                                                                                                                                                                                                                                                    |                                         |                  | <del></del>       |               | 7.          | SS. BUILD:    SLENDER.   Medium   Heavy   Obese   98.6 | <del></del>                           |                                              |          |              |         |                                              |               |                    |            |               |             |
| •                 | NTED NAME OF. PHYSIC                                                                                                                                                                                                                                                                       |                                         |                  |                   |               | 15          |                                                        | SIGNAT                                | TURE!                                        | \n\'\    | 11           | 17/     | , J                                          |               |                    | Age Top"   | • -           |             |
| W. D. M           | EYER, Capta                                                                                                                                                                                                                                                                                | in, US                                  | ve (MC)          | MO, A             | M<br>Y        | -1.         |                                                        |                                       | /                                            |          |              | **\     | <u>~</u>                                     | 1             | <del></del>        |            | - 11          |             |
| 80 STYPED OR PR   | INTĘD NĄME OF PHYSI                                                                                                                                                                                                                                                                        | IAN, TO C                               |                  |                   | ٠             | 3 %         | - 1                                                    | SIGNAT                                | URE,                                         | . y •    |              |         | - (                                          | )             | .4                 | * -        | 7.0           |             |
|                   |                                                                                                                                                                                                                                                                                            |                                         |                  |                   |               |             |                                                        |                                       | <u></u>                                      |          |              |         | <u>.                                    </u> |               |                    |            |               |             |
|                   | INTED NAME OF DENTIS                                                                                                                                                                                                                                                                       |                                         | AN (Indicate w   | hich)             |               | - 2 -       | , -                                                    | SIGNAT                                | URE                                          |          |              |         |                                              | -2-           |                    | 4          |               | ,           |
| <u></u>           | والمسأد الحاأ ما في                                                                                                                                                                                                                                                                        | m' 4                                    |                  |                   |               |             | 1                                                      | Jan Jan                               |                                              | - ·      |              |         |                                              |               |                    | <i>"</i> • |               |             |
|                   | NTED NAME OF REVIEW                                                                                                                                                                                                                                                                        |                                         | ÖŘ APPROVING     | AUTHORN           | ry            |             | 1                                                      | SIGNAT                                | URE                                          |          |              | _       |                                              |               |                    | NUME       | ER OF         | NT.         |
| -                 | -                                                                                                                                                                                                                                                                                          |                                         | $\wedge$         |                   |               |             | 1                                                      |                                       |                                              |          | 200          |         |                                              |               |                    | IACH       | ED SHEE       | .15         |

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## O REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSON.

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |               |             | . 01          |          | 10 100 41110                         | me ear ours with                      |          |              |                |          |                                                  |                | <u> </u> | -        |              |             |                                       |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|-------------|---------------|----------|--------------------------------------|---------------------------------------|----------|--------------|----------------|----------|--------------------------------------------------|----------------|----------|----------|--------------|-------------|---------------------------------------|
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|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |               |             |               |          |                                      |                                       |          |              | S/A            | FB3      | [                                                |                | •        |          |              | -           |                                       |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |               |             |               |          |                                      |                                       |          | Ī            | 5. PURI        | POSE OF  | EXAMIN                                           | LTION          |          |          | 1            |             |                                       |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | h St.,        |             | _             | _        |                                      |                                       |          |              |                |          | nual                                             |                |          | •        |              | Jul         | y 1957                                |
| 7. SEX                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |               |             |               |          |                                      |                                       |          |              |                |          |                                                  | 11. ORGANIZ    | ATIC     | N U      | NIT          |             |                                       |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | ,             | -           | •             |          | 15                                   |                                       |          |              |                |          |                                                  |                | a        | Ci       | ty Of        | fice        | 1                                     |
|                                              | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |               |             |               |          |                                      |                                       |          |              |                |          |                                                  |                | •        |          |              |             |                                       |
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|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |               |             |               |          | -                                    |                                       | 16.      | OTI          | ER INFO        | RMATIO   | N                                                |                | •        |          |              |             |                                       |
| USAF                                         | , Ho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | spit     | al, Tin       | ker         | ,AJ           | ŖΒ,      | $0_{k}$ lahom                        | a l                                   | ų.       | -            |                | ٠.       |                                                  | •              |          |          |              |             |                                       |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |               |             |               |          |                                      |                                       | par      |              |                |          | it ezieta)                                       | . ;            |          |          |              |             | · ·                                   |
| <                                            | <u>.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | 114           | .4.         | • ^           |          | 5                                    |                                       |          |              | •              | •        | •                                                |                |          |          |              |             |                                       |
| ,                                            | 9-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | تلإن     | 14 Ju         | بربع        | ۲             | بہ       | ( <u>-</u>                           |                                       |          |              | •              | •        | -                                                |                |          |          |              |             |                                       |
|                                              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •        | Ų             |             | 1             | :        |                                      | * *                                   | •        | _            |                | •        |                                                  |                |          |          |              |             |                                       |
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| 18. FAMIL                                    | Y HIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ORY      |               |             | _             |          |                                      |                                       |          | •            |                | 19. HA   | S ANY B                                          | OOD RELATION   | N (2     | ere      | nt, brother  | , sister, e | ther)                                 |
| RELAT                                        | TON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AGE      | STATE         | OF HEALT    | TH            |          | IF DEAD.                             | CAUSE OF DEATH                        | 7        | A            | E AY           |          | 4                                                |                |          |          |              |             |                                       |
|                                              | Male Cauc MILITARY CILLAN US Dep't of Justice Oklahoma City Office  2. DATE OF BIRTH 13. PLACE OF BIRTH 14. NAME. RELATIONSHIP, AND ADDRESS OF MEXT OF KIN  OV 19(37) Brooklyn, New York Mildred Tully (Wife) Same as item # 14.  5. EXAMINING FACILITY OR EXAMINE, AND ADDRESS  USAF Hospital; Tinker AFB, Oklahoma  7. STATEMENT OR EXAMINES PRESENT MEALTH IS OWN MORDS. (Follow by description of past Malory, I complaint crists)  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  8. FAMILY HISTORY  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND  9. OR HUSSAND OR WIFE  9. OR HUSSAND OR WIFE  9. OR HUSSAND  9. OR HUSSAND  9. |          |               |             |               |          |                                      |                                       |          |              |                |          |                                                  |                |          |          |              |             |                                       |
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|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 22       |               |             | _             | <u> </u> | 1-16-00                              | umour                                 | 4        |              | 57             |          | <del>                                     </del> |                |          |          |              |             |                                       |
| 370032                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 32       | - 4           | <u> </u>    |               |          |                                      | ·                                     | -        |              | <u> </u>       |          |                                                  |                |          |          |              |             |                                       |
| 0007115                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11.55    | ~~~           | 1           |               |          |                                      |                                       | -        |              |                |          |                                                  |                |          |          | <del></del>  |             |                                       |
|                                              | ω <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 40       | 400           | <u>a</u>    |               |          | ·                                    |                                       | -        |              |                |          | <u> </u>                                         |                |          |          |              |             |                                       |
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| SISTER                                       | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |               |             |               |          |                                      | ·                                     | -        |              |                |          |                                                  |                | _        | _        |              |             | · · · · · · · · · · · · · · · · · · · |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |               | -1          |               |          | <del> </del>                         | ·                                     | _        |              |                |          | <u> </u>                                         | , ,            |          | -        | -            |             |                                       |
| CHILDRE                                      | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -        | 000           | <u>dı</u>   |               |          |                                      |                                       | _        |              |                |          | <u> </u>                                         | HIVES          |          |          |              |             |                                       |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | C ((          | ·<br>       |               |          | <u> </u>                             |                                       | _        |              |                |          | ~                                                |                |          |          |              | `           |                                       |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3        | 11            | ·           |               |          |                                      | · · · · · · · · · · · · · · · · · · · | _        |              |                |          | 1                                                |                |          | CIDE     |              |             |                                       |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |               |             |               |          | <u> </u>                             |                                       |          |              |                |          |                                                  | BEEN INSANG    | <u> </u> |          |              |             |                                       |
| 20. HAVE                                     | YOU EV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ER HAD   | OR HAVE YOU!  | NOW (P      | lace          | chec     | k at left of each it                 | em)                                   |          | ,            |                |          |                                                  |                |          | ,        |              |             |                                       |
| YES NO                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |               |             | (ES           | Ю        | (Check                               | each item)                            | YES      | NO           |                | (Check   | coach                                            | tom)           | YES      | -        |              | <u> </u>    |                                       |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | r, erysipelas |             |               | لدا      |                                      |                                       | L        | يا           | TUMO           | R. GROW  | TH, CYS                                          | t, cancer      |          | يدا      |              |             | KED KNEE                              |
| <u>                                     </u> | DIPHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | HERIA    |               |             |               |          |                                      |                                       |          | <u>بدا</u>   | RUPTL          | JRE      | <u>.                                    </u>     |                |          | <u>\</u> |              |             |                                       |
|                                              | RHEUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MATIC FE | VER           |             |               | N        | (Night success)                      | •                                     | سا       |              |                |          | ``                                               |                |          | ٧        | C            |             |                                       |
|                                              | <b>SWOU</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | en or p  | ainful Joints |             |               | Y        | asthma                               |                                       |          | ~            | PILES          | OR RECT  | TAL DISE                                         | ASE            |          | レ        | PARALY       | sis (Inc.   | infantile)                            |
|                                              | MUMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$       |               |             |               | У        | SHORTNESS OF E                       | BREATH                                |          | L            | PREQU          | ENT OR   | PAINFUL                                          | URIHATION      |          | L        | EPILEPS      | Y OR FITS   |                                       |
| T                                            | WHOO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PING COL | IGH           |             |               | u        | TAIN OR PRESSU                       | RE IN CHEST                           | Γ        | し            | KIDNE          | Y STONE  | OR BLO                                           | OD IN URINE    |          | J        | CAR TR       | ain, sea.   | OR AIR SICKNESS                       |
|                                              | FREQU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ENT OR   | SEVERE HEADA  | CHE         |               | lu       | CHRONIC COUGH                        |                                       | Г        | 1            | SUGAR          | OR ALE   | BUMIN IN                                         | URINE          |          | V        | PREQUE       | t Trous     | ile Sleeping                          |
|                                              | DIZZIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ESS OR E | AINTING SPELL | LS          |               | u        | PALPITATION OR                       | POUNDING HEART                        |          | し            | 101LS          |          |                                                  |                |          | レ        | TREQUEN      | OR TERRI    | FYING NIGHTMARES                      |
|                                              | EXETI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ROUBLE   |               |             |               | 口        | HIGH OR LOW B                        | LOOD PRESSURE                         |          | l            | VENER          | EAL DIS  | EASE                                             |                | _        | L        | DEPRES       | ION OR E    | XCESSIVE WORRY                        |
|                                              | EAR, N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OSE OR   | THROAT TROUB  | BLE         |               | 1        | PRAMPS IN YOU                        | R LEGS                                | _        |              | RECEN          | T GAIN   | OR LOSS                                          | OF WEIGHT      |          | L        | LOSS OF      | MEMORY      | OR AMNESIA                            |
|                                              | RUNNI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NG EARS  |               |             |               | ŭ        | PREQUENT INDIC                       | ESTION                                |          | 1            | ARTH           | RITIS OR | RHEUM                                            | TISM           |          | ,        | DED WE       | TING        |                                       |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | REQUENT COLD  | s           | て             | H        | STONACH, LIVER OF                    | INTESTINAL TROÚBLE                    | _        | Ī            | DONE.          | JOINT, C | R OTHE                                           | R DEFORMITY    |          | 7        | HERVOU       | S TROUB     | LE OF ANY SORT                        |
|                                              | 8EVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | E TOOTH  | OR GUM TRO    | UBLE        |               | J        | CALL BLADOER TRO                     | UCLE OR GALL STONES                   | _        | 1            | DAMEN          | YESS     |                                                  |                | _        | Ĭ        | ANY DRI      | JG OR NA    | RCOTIC HABIT                          |
|                                              | SINUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |               |             | _             | Ţ        | JAUNDICE                             |                                       | ┝        | 1            | Loss           | OF ARM.  | LEG. FIN                                         | SER, OR TOE    | _        | ,        | SKCESSI      | VE DRINK    | ING HABIT                             |
| <del>- 19</del>                              | YAY F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |               |             |               |          | ANY REACTION TO S                    | SERUM, DRUG OR                        | -        | 1            | ·              |          |                                                  | LDER OR ELBOW  | -        |          | HOMOSE       | XUAL TE     | NDENCIES                              |
| 21 9475                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | eck each ite  | <u>-</u> -! |               |          | MEDICINE                             |                                       | 22       | EE           | 1              |          |                                                  | U EVER-        | B. 1     | COM.     | PLETE TH     |             |                                       |
| 21. 10412                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GLASSE   |               | 1           |               | 1.       | ATTEMPTED SUICE                      | ane d                                 | _        |              | ~              | PREGNA   |                                                  |                |          |          |              | <del></del> | MENSTRUATION                          |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |               |             |               | 爿        |                                      |                                       | -        | <del> </del> |                |          |                                                  | LDCE           |          |          |              |             | EN PERIODS                            |
| -1.4                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | IFICIAL EYE   |             | —             | Ю        | LEVED WITH ANYON                     |                                       | -        | -            |                |          | L DISCH                                          |                | -        |          | <del> </del> | ON OF PE    |                                       |
| 14                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HEARING  |               |             | <del></del> - | 님        | TUBERCULOSIS                         | <del> </del>                          |          | -            | <del>!</del> - |          |                                                  | LE DISORDER    | -        |          | ļ            | LAST PE     |                                       |
| $-\mathbb{M}$                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | STAMMERED     |             |               | 14       | COOGHED UP BU                        |                                       | <u> </u> | <u> </u> -   |                |          | MENSTR                                           |                | _        | 1 6 7    |              |             | EXCESSIVE SCURTY                      |
| ليلي                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | E OR BACK SE  | <del></del> | 34            |          | BLED EXCESSIVELY<br>TOOTH EXTRACTION |                                       | <u></u>  | 1            | <u> </u>       |          |                                                  | PATION         | QU       |          | ARE YOU      |             |                                       |
| A. HOW<br>PAST                               | many J<br>Three                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YEARSI   | E YOU HAD IN. |             | ۷٩.           | HEL      | AT IS THE LONGES<br>D ANY OF THESE   | JOBS7                                 | ۵        | . 141        |                |          |                                                  | . ,            |          | ¯~       | PARE TO      |             | LEFT HANCED                           |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | one           |             |               | MOI      | NTHS 5                               | vro.                                  |          |              | 1-13           | 15       | <u>ug i</u>                                      | ut_            |          | <u></u>  | - 1.0401     |             |                                       |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |               |             |               |          |                                      | U                                     |          |              | ,              | m _      | 11                                               | 714            |          | ħ        | Otil         |             | 16-62239-1                            |

ENCLOSURE 67-21/900-184

|          | .,               |                                                                                                                                                                                                                                  |                                       | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                                       |                                           |
|----------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|-------------------------------------------|
| YES      | NO               | CHECK EACH ITEM YES OR NO. E                                                                                                                                                                                                     | VERY ITEM CHECK                       | ED "YES" MUST BE F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ULLY EXPLAIN                | ed in blank spâce                     | ON RIGHT                                  |
|          | m <sup>±</sup> . | 27, HAYE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:                                                                                                                                                                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , ji                        |                                       | ,                                         |
|          |                  | A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.                                                                                                                                                                                | 1                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | **                          |                                       |                                           |
|          | عدا              | B. INABILITY TO PERFORM CERTAIN MOTIONS                                                                                                                                                                                          | ,                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                       |                                           |
|          | <del>  ~</del>   | C. INABILITY TO ASSUME CERTAIN POSITIONS                                                                                                                                                                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                       |                                           |
|          |                  | D. OTHER MEDICAL REASONS (II yes, give reasons)                                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                       |                                           |
|          | i                | 28-HAVE YOU EVER WORKED WITH RADIOACTIVE SUB-<br>STANCE?                                                                                                                                                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                       |                                           |
|          |                  | 29- DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS! (If yes, give details)                                                                                                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                       |                                           |
|          | V                | 30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH! (If yes, state reason and give details)                                                                                                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                       |                                           |
|          | V                | AT. HAVE YOU EVER BEEN DENIED LIFE INSURANCES (If you, state reason and give details)                                                                                                                                            | 1                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             | _                                     |                                           |
|          | <u></u>          | 32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE,<br>ANY OPERATIONS? (If yes, describe and give<br>age at which occurred)                                                                                                      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             | •                                     |                                           |
| •        | <u></u>          | 33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)                                 |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             | •                                     |                                           |
| 1/       |                  | 34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED! (If yes, specify when, where, and give details)                                                                                                      | Burn                                  | لتن ١٩                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b></b> 道(                  |                                       |                                           |
|          | )                | 35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS. HEALERS, OR OTHER PRACTIFIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)                                 | ,                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                       |                                           |
|          | ,                | 36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)                                                                                                                                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ~                           |                                       | ٠,                                        |
|          | >                | 37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL OR OTHER REASONS? (If yes, give date and reason for rejection)                                                                                   |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                       | *                                         |
|          | 2                | 38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL OR OTHER REASONS! (If yos, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability) |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                       | · .                                       |
| -        | V                | 39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY! (If yes, specify what kind, granted by whom, and what amount, when, why)      |                                       | . ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             | 1                                     | ,                                         |
| 1 AU     | ithorize         | IAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPP<br>ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE<br>MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.                                                                       | LIED BY ME AND I<br>D ABOVE TO FURNIS | THAT IT IS TRUE AND<br>SH THE GOVERNMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COMPLETE TO<br>A COMPLETE T | THE BEST OF MY K<br>RANSCRIPT OF MY M | KNOWLEDGE.<br>MEDICAL RECORD FOR PURPOSES |
|          |                  | D NAME OF EXAMINEE                                                                                                                                                                                                               | s                                     | GN/TURE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                           | 1                                     |                                           |
|          |                  | N R. TULLY                                                                                                                                                                                                                       | ·                                     | 69h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | سس                          | K. 01                                 | Ulra.                                     |
| 40. PHY: | SICIAN'S         | SUMMARY AND ELABORATION OF ALL PERTINENT DATA (P                                                                                                                                                                                 | hysician shall com                    | ment on all positive as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | newere in items             | 20 thru 39)                           |                                           |
| `        |                  | s and whooping cough in chil<br>illectomy in childhood; no c                                                                                                                                                                     |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                       |                                           |
|          | Appe             | ndectomy, 1935, normal recov<br>, infrequent episodes of gas                                                                                                                                                                     | ery; no c                             | omplicatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             | Ta et occu                            | mrence was one                            |
| •        |                  | ar ago, no medication indica                                                                                                                                                                                                     |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | o hagna                     |                                       | rience ado one                            |
|          | Burs             | itis, right shoulder, 1951,                                                                                                                                                                                                      | good raco                             | nein: no c<br>ednerae:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | omplica                     | tions.                                |                                           |
| ~_;      |                  | Lords Tremo diodrects 1//19                                                                                                                                                                                                      | ,, , , ,                              | , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             | ~                                     |                                           |
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 Rev. Feb. 1951
Promulgated
By Bureau of the Budget
Circular A—32





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| UNIPOLAR EXTREMITY LI | ADS (Specify)          | ·       |                     | -                                  |      | Second Form € |                                                   |
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PRECÒRDIAL LEADS (Specify)

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SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

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(Consinue on reverse) NO: DATE G DECKER CAPT PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME TULLY, Edwin R. S/A FBI

USAF Hospital, Tinker AFB, Oklahoma (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

67-211 900-184 Standard Form 520

COVERNMENT PRINTING OFFICE 16-56209-3

### ATTACHMENT TO STANDARD FORM 88, REPORT OF MEDICAL EXAMINATION (Revised August 10, 1956)

### FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER

| Name of examinee:        | TULIX                                   | EDWIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RAYMOND                                                   |
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| , 2                      |                                         | 67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |
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| 62                       |                                         | should be difor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ded whenever possible.)                                   |
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| 35 years of age or ur    | iless other exami                       | nation indicates such                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |
|                          | e not necessary u                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | blood type and Rh factor<br>r affording same are readily  |
| FOR ALL EXAMINE          | ES, WHETHER C                           | LERICAL OR SPECI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AL AGENT APPLICANTS                                       |
| OR EMPLOYEES:            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
| The medical co           |                                         | anna Aba fallandu m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                           |
|                          | -                                       | nswer the following qu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | estion:                                                   |
| Examinee (is o           | r is not) qualifie                      | d for strenuous physic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | cal exertion. (Designate which)                           |
| FOR ALL MALE EM          | PLOYEES OR A                            | PPLICANTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ٠                                                         |
| The medical ex           | caminer is reques                       | ted to answer the foll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | owing:                                                    |
|                          | d dangerous assi                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | hibiting his participation in entail the practical use of |
| 2. Does exami            | , , , , , , , , , , , , , , , , , , , , | ects prohibiting safe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | operation of motor vehicles?                              |
| If answer is "yes" p     | lease specify.                          | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |
| IT IS ESSENTIAL T        | HAT ALL STATE                           | EMENTS IN ITEM8\59                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | , 61, 64 AND 70 PERTAINING                                |
|                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OMPLETED IN DETAIL.                                       |
|                          |                                         | MALI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | July 1                                                    |
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|                          |                                         | • -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ture of Medical Examiner)                                 |
|                          |                                         | <u>.3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | July 1957                                                 |
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### CUNITED STATES DEPARTMENT OF JUSTICE

### FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No. WASHINGTON 25, D. C.

October 8, 1957

SAC, OKLAHOMA CITY

| -                                     |                                         |                                              | 23,1957e Octo                              |                                                |
|---------------------------------------|-----------------------------------------|----------------------------------------------|--------------------------------------------|------------------------------------------------|
| •                                     | t'Abe or perioots                       | E + 1'Security                               | - 1 Criminar                               | Generat                                        |
| Dear Sir:                             | • · · · · · · · · · · · · · · · · · · · | 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -      | F                                          | • ,                                            |
| Course at the                         |                                         |                                              | nt attended the abo<br>ne following grades | ve In-Service Training                         |
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| training reco                         | *The firearms gra                       |                                              | ered on the Individ                        | ual field firearms                             |
| of overtime                           | This employee s                         | hould:be credited<br>cáléndar days du        | with <u>0</u> hour<br>ing the above perio  | s and <u>O</u> minutes<br>od in <b>October</b> |
| ÷                                     | 4                                       | A.                                           | Very truly yours,                          | Morre                                          |
|                                       |                                         | 0                                            | John Edgar Hoover                          | , #                                            |

CC: ASAC EDWIN R. TULLY OKLAHOMA CITY

MAILED 4

OCT 8 - 1957

GES: Cho V 1957

(3)

6

October 7, 1957

Mr. Edwin R. Tully
Federal Bureau of Investigation
Oklahoma City, Oklahoma

Dear Mr. Tully:

I wanted to drop you this note and let you know I am sorry my absence from the city prevented my seeing you while you were attending In-Service Training. I shall look forward to the opportunity of seeing you when you are next in Washington.

Sincerely,

J. Edgar Hoover

GI-NOT PECCEPTATIVE

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COMM = FBI OCT 7 1957 MAILED 30

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Nichols — Boardman Belmont — Mohr ———

Parsons

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Trotter

Nease Tele. Room

# Office Memorandum • United States Government

то

MR. TOLSON

FROM :

G. A. NEASE

SUBJECT:

EDWIN RAYMOND TULLY

EOD 1/4/43

GRADE GS-14, \$10,535 ASAC, OKLAHOMA CITY DATE: 10/8/57

Tolson Nichols Boardma Belimint Mohi Parson

Rosen \_\_\_ Tamm \_\_\_ Trotter \_\_

lease Interrowd . Tele. Room

Gandy \_\_

The above ASAC, who is presently attending In-Service Training, was interviewed by me on 10/4/57. He is a first-office ASAC, having been made ASAC at Oklahoma City on 7/16/56. Prior to that he served as a Supervisor in the Domestic Intelligence Division. He has had rather extensive field experience.

Mr. Tully makes an excellent personal appearance. His intelligence is apparent. He seems to have a good grasp of his duties and is fully aware of the problems confronting him as a Bureau administrator. According to his file, he has made very good progress as an ASAC and it is believed this man is definitely SAC material. From all indications he is an above average ASAC at this time.

1 - 1 - 1 - 1

cc-Mr. J. P. Mohr GAN:DMG (4) De 12

7 OCT 10 1957

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| Ž. V. V.                                                                                           | (PLEASE TYPE OR PRINT ALL INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E 05143                                                    | FD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 195                                   |
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| LAST                                                                                               | FIRST / 1 -5 HIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4                                                          | DTAL<br>L SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
| 2. OFFICE OF ASSIGNMENT NEW                                                                        | YORK NY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PEDERA                                                     | 2 SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |
| NOTE : PLEASE READ THESE INSRUCTION                                                                | NS BEFORE COMPLETING FORM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            | E, PER ITEM II)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YRS.                                  |
| IF IN BUREAU IS YEARS FROM EOD LISTED UNDER ITEM 8                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THAN LESS<br>3 YRS. 15                                     | S. BUT 15 STHAN OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 15 OVER 1 | R                                     |
| MONTHS IN ANY ONE CALENDAR YEAR, AS LISTED UNDER YOU TO CERTIFY YOUR STATUS BY PLACING A CHECK MAR | ITEN IO, IT WILL ONLY BE NECESSARY FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| *TOTAL FEDERAL SERVICE* SPACE AT THE TOP OF THIS PAIN OTHER INFORMATION IN SUCH CASES.             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | IESS ON JANUARY 6, 1953                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ا اسر 🗲                               |
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| 3. PREVIOUS CIVILIAN DATE EOD                                                                      | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TAL LENGTH OF SERVICE                                      | 20 100.762                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |
| (GIVE COMPLETE MANE OF AGENCY                                                                      | YRS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | WITH EACH AGENCY                                           | بالمدارا                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OF                                    |
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| 4. TOTAL LENGTH OF PREVIOUS CIVILIAN GO                                                            | OVERNMENT SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | YRS. HOS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DAYS                                  |
| 4 (ADD ALE TIME LISTED UNDER THE 3, DIVIDE TOTAL DAYS HONTHS AND DAYS SERVED)                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | KACT YEARS,                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| 5. MILITARY SERVICE DATE ENTERED                                                                   | . II • II M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TOTAL SERVICE WITH                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1,50                                  |
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| 6. TOTAL MILITARY SERVICE                                                                          | S BY 30, TOTAL HONTHS BY 12 - GIVE TOTAL IN EX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (ACT YEARS.                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                     |
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| STATUS AT TIME ON HILLIARY LEAVE FR CIVILLAR GOVERNMENT SERVICE                                    | OM RESIGNED FROM CIVILIAN ENT<br>GOVERNMENT SERVICE TO<br>ENTER ARMED FORCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FERED ARNED FORCES FROM<br>PRIVATE EMPLOYMENT OR<br>SCHOOL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | İ                                     |
| DITTY WITH ADMED                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SCHOOL                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ١.                                    |
| FORCES (CHECK ONE)                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
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| OF PREVIOUS SERVICE VITH                                                                           | H/ I I I I I I I I I I I I I I I I I I I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ARRY THIS FIGURE                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
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| 9 FEDERAL SERVICE TIME - GROSS TOTAL JANG LITERS 4, 6, AND 8, DIVIDE TOTAL DAYS BY 30, TOTAL       | . HONTES BE 2-GIVE TOTAL IN EXACT YEARS. HONTHS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S AND DAYS SERVED.).                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 10 LEAVE WITHOUT PAY(EXCLUDING MILITAL                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | 10 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 21                                    |
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| FEDERAL SERVICE TIME-NET TOTAL                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| the state of                                                                                       | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>t</b> /∏                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | i                                     |
| (SUBTRACT ITEM 10 FROM ITEM 9. THIS WILL GIVE YOU YO                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | 10 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 21                                    |
| GUBTRACT ITEM 10 FROM ITEM 9. THIS WILL GIVE YOU YOU TO THE CORRESPONDENT THAT THE ABOVE           | OUR ACTUAL SERVICE TIHE.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RRECT TØ THE BEST                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 21_                                   |
| (SUBTRACT ITEM 10 FROM ITEM 9. THIS WILL GIVE YOU YO                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RRECT TO THE BEST                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>21</u>                             |
| GUBTRACT ITEM 10 FROM ITEM 9. THIS WILL GIVE YOU YOU TO THE CORRESPONDENT THAT THE ABOVE           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RRECT TO THE BEST                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 21                                    |

PARVEL ST

Name: EDWIN RAYMOND TULLY

Title: Assistant Special

Agent in Charge

Payroll No.: 05143

Grade: GS-14

EOD: 8/20/41 - Clerk

Not on Probation

1/4/43 - Agent

Non Veteran

INSPECTOR FLETCHER: ASAC Tully is serving as a first office ASAC at Oklahoma City. He has had about 16 months' service as ASAC and he gives every impression of being mature in action and manner, confident and assured in his approaches, practical, intelligent, and to be a person of sound judgment. Bertram Wyand, an SAC contact and a former Special Agent, advised that ASAC Tully has made favorable impressions in his contacts in Oklahoma; that he is very effective as a Bureau speaker. Everything indicated that he had the confidence and respect of the assigned personnel.

By reason of the continued illness of SAC Delf A. Bryce during the course of the inspection, the comments of SAC Bryce concerning the qualifications of ASAC Tully were not obtained; however, Tully impressed as being SAC material capable at this time of discharging the duties and responsibilities of an SAC in offices equal in size to Oklahoma City.

RECOMMENDATION: None. Informative.

(b)

67-KOTF

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-OKLAHOMA-CITY INSPECTION

11/19/57 HBF:ekd 21

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ITSP; ITSMV Oklahoma City Origin OC file 87-3237

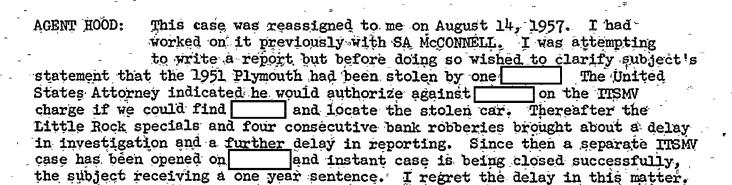
INSPECTOR FLETCHER:

This pending case, Oklahoma City origin, was opened on June 28, 1956. This case was originally assigned to Agent M. WHITE MITCHELL, was reassigned to Agent HENRY L. McCONNELL on January 10, 1957, and then reassigned to Agent CLEMENT J. HOOD August 14, 1957: A review of this case reflects inexcusable delays in reporting. While this case was assigned to Agent MITCHELL reports were submitted on August 8, 1956, November 5, 1956, and January 8, 1957. January 10, 1957, this case was then reassigned to Agent HENRY L. McCONNELL. On August 14, 1957, the case was then reassigned to Agent HOOD. During the period in which this case was assigned to Agent McCONNELL no reports were submitted. Since August 14, 1957, Agent HOOD has not submitted a report. The last report submitted in this case was on January 8, 1957.

While a review of this case was made during the inspection it was noted that a closing report was in dictation reflecting a conviction of the Subject involved in this case; however, there has been excessive delay in reporting this information and, in fact, no report in this case has been submitted since January 8, 1957, and comments are requested from Agent McCONNELL, Agent HOOD, ASAC TULLY and SAC BRYCE.

AGENT McCONNELL: During the time this case was assigned to me it received proper investigative attention and the subject was identified. Prior to that time it was an Unsub case. During this time Agent HOOD was assisting with the case. In addition to the check angle it developed an ITSMV angle as subject took a 1951 Plymouth from California to Oklahoma. Subject claimed he had owner's permission. By airtel 3-19-57, the Bureau and interested offices were advised that Subject admitted the check violation but denied the TTSMV case. I was waiting until the ITSMV angle was clarified before writing a report. I regret this delay in writing the report.

OKTAHOMA CITY INSPECTION 11-19-570 JCN: vlb 4-C



ASAC TULLY: I remember this case well and feel that from an investigative standpoint it was resolved successfully in that the subject has been convicted. The case was followed by me on the monthly file review and I recall being advised that the report was being delayed so that we could wind it up in one report as soon as the ITSMV angle was resolved, WEAVER located and the 1951 Plymouth located. The special in Little Rock, then a series of bank robberies further tied up the office and delayed reporting in this case. I regret this very much and will see that it does not happen again.

SAC BRYCE: Noted.

940 First National Building Oklahoma City, Oklahoma December 13, 1957

Mr. Tanna

Mr. Trair

Mr. Clayton.

Tele. Room. Mr. Holloman Miss Gandy

b6

b7C

Mr. J. Edgar Hoover Director Federal Bureau of Investigation Washington, D. C.

Dear Mr. Hoover:

I would appreciate very much receiving an autographed photograph of you for myself. In addition there is here in Oklahoma City a woman who has a very high regard for the FBI and for you personally. She is Mrs.

I do not know if you send autographed photographs to admirers in this fashion but if you do, she would be greatly thrilled. Of course, I have not said anything to her about an autographed photo and so if it is not in keeping with your policy, she would not be disappointed since she does not expect same. The OC indices are negative on

> OKLAHOMA CITY Hoping this letter finds you in excellent health,

I am's r

Sincerely yours,

E. R. Tully

Assistant Special Agent in Charge Federal Bureau of Investigation

Oklahoma City, Oklahoma

Searched Numb wed

JAN 7 1958

e buyean Ca Rivestigation

January 3, 1958

Mr. Edwin R. Tully Federal Bureau of Investigation Oklahoma City, Oklahoma

Dear Mr. Tully:

I am very sorry I was away from Washington when your kind letter of December 13, 1957, arrived.

In response to your request, I am pleased to autograph one of my photographs to you, and it is being forwarded under separate cover. Likewise, I am happy to inscribe a photograph to your friend, \_\_\_\_\_\_\_, and you have my sincere thanks for informing me of her admiration for and interest in the FBI.

Sincerely yours,

J. Edgar Hooyer

NOTE: Tully is Assistant SAC of Oklahoma City Office. EOD 124/43
GS-14. Letter of same date being sent to

Oklahoma City, Oklahoma.

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Boardman
Belmont
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JAN 3 - 1958.

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January 7, 1958

IN REPLY REFER TO FILE NO.

File No: X-1172708

Date of

injury: 9/9/57

Director Federal Bureau of Investigation U. S. Department of Justice Washington 25, D. C.

Employee:

VIÚLIY, E. R.

We have received information indicating that the employee named above was injured while working for your establishment.

Please furnish this Bureau with Form CA-1, Employee's Notice of Injury, and Form CA-2, Official Superior's Report of Injury, as required by the provisions of Sections 1.2 and 1.3 of the Bureau's regulations affecting such claims. Any additional information available about the injury should be submitted with the reports.

Your prompt attention to this request will be appreciated.

Very truly yours,

Chief, Division of Claims Services

Bulet 1-14-5-8 above info, being ottoined. Jan

> Mr. Edwin R. Tully 940 First National Bank Bldg. Oklahoma City, Oklahoma

JAN 17 TOYA

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| יקי      | JAN 16 1958                    |
| •        | CONTACT OF INDICATION TO CHECK |

FL-3 IN:em (9/57)

3/ten

February 7, 1958

Mr. John J. Newman, Chief Division of Claims Services Bureau of Employees! Compensation United States Department of Labor Washington 25, D. C.

Dear Mr. Newman:

Reference is made to your form FL-3, dated January 7, 1958, wherein forms CA-1 and CA-2 were re-/Tully, your file X-1172708.

Enclosed are executed forms CA-1 and CA-2.

Sincerely yours,

John Edgar Hoover Director

| Enclosures     | 1  | £        |
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6. 1 - SAC, OKLAHOMA CITY 10 FEB

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COMM - FBI FEB 7 - 1958 MAILED 30

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Tolson : Nichols Boardman

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PLEASE DO NOT MUTHATE THESE FORMS IN ANY WAY (EDWIN R. JULLY) 67.-Bulet 2-7-58 10 FEB 11
Forms sent
to BEC

#### EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE

3.10

Federal Employees' Compensation Act

This notice should be submitted to the immediate superior by an injured civil employee of the Federal Government, or by someone on his behalf, within 48 hours after the injury. Notice may be given either personally or by mail. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift when injury occurred, or results in any charge against the Bureau for medical expense, when it should be forwarded to the U. S. DEPARTMENT OF LABOR, Bureau of Employees' Compensation, together with the official superior's report of injury, Form C. A. 2. Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Bureau.

| mpensation is paid, written claim on Form C. A. 4 must be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | submitted to the Dureau.                                                                                                          |
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| 92                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date of this notice Sept. 9, 1957, 19                                                                                             |
| I hereby certify that I am employed as aSp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ecial Agent in Charge                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Occupation) Federal Bureau of Investigation                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lace of employment)                                                                                                               |
| and on Monday Sept. 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Date) , 19.57, at 11:10 a.m. m. (Hour, a. m. or p. m.)                                                                           |
| The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |                                                                                                                                   |
| I was injured in the performance of my duties at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Location where injury occurred)                                                                                                  |
| FBI Office. 940 First Natio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | onal Bldg., Okla. City, Okla.                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | el desk in the Chief Clerk's Office                                                                                               |
| (Describe a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sbest you can how and why injury occurred)<br>he desk. In so doling I cracked my                                                  |
| knee cap on the edge of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | steel desk.                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   |
| Nature of injury Injured right knee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
| (Name part of body a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ifected—fractured left leg, bruised right thumb, etc.)                                                                            |
| Names of witnesses to injury Jimmie K. 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Pinsley, Chief Clerk, FBI, Okla. Cit                                                                                              |
| If this notice was not given within 48 hours aft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | er the injury, explain reason for delay and state name                                                                            |
| of person to whom notice was first given, and wh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nen                                                                                                                               |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name                                                                                                                              |
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| . [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Oklahoma City Okla                                                                                                                |
| C. A. 1 Vised October 28, 1952  U. B. GOVERNMENT PRINTING OFFICE 16-45858-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (City or town) (State)                                                                                                            |
| W. P. WYSHAMAN CHIRITING OFFICE 10-80608-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (State)                                                                                                                           |

## OFFICIAL SUPERIOR'S REPORT OF ISURY

To be submitted to U. 8. DEPARTMENT OF LABOR, BURBAU OF EMPLOYEES' COMPENSATION, Washington 25, D. C., as soon as practicable after any injury to aid will deploy the United States sustained while in the performance of duty which causes any disability for work beyond the day, or shift on which the injury occurred or results in any charge against the Bureau for modical expresses. This form should be secondarily for work beyond the day, or shift on which the injury occurred or results in any charge against the Bureau for modical expresses. This form should be secondarily for work beyond the day, or shift on which the injury occurred or

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                                                                                         | fice                                                                                                                                                                                                                      | Engineer, N                                                                                                | Oklanoma                                                                                                    | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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# UNITED TES DEPARTMENT OF JUSTIFICATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA EDWIN R. ULLY
(type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

| any Tr | อกรรรษ์  | A SUBIT ( | occur.             | The I         | ottowing  | person is o               | esignated as my               | penerro  | ary for ri   | or agence | . Tuem duce ra | 200 |
|--------|----------|-----------|--------------------|---------------|-----------|---------------------------|-------------------------------|----------|--------------|-----------|----------------|-----|
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|        |          |           | /                  |               |           |                           |                               |          | Special A    | gent      |                | L   |

OD

SAC, OKLAHOMA CITY

3-24-58

Immediately

Director, KBI

PERSONAL ATTENTION

EDWIN R. TULLY ASAC Compensation Matter

| (            | )        | Rebulet                                                                                                              |
|--------------|----------|----------------------------------------------------------------------------------------------------------------------|
| (            | )        | Reurlet                                                                                                              |
| (            | )        | Re Physical Examination                                                                                              |
| (            | )        | Advise Bureau of present weight without clothing.                                                                    |
| (            | )        | Advise Bureau if dental work has been completed.                                                                     |
| <b>, (</b> ; | ),       | Advise Bureau if vision has been corrected to 20/20.                                                                 |
| (            | )        | Advise Bureau re physical condition.                                                                                 |
| (            | )        | Advise Bureau condition of                                                                                           |
| {            | )        | Submit results of chest X ray immediately.                                                                           |
| (            | <b>,</b> | Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and the use of firearms. |
| (            | )        | Submit Bureau of Employees Compensation forms.                                                                       |

(X) Enclosed is form CA-3 in duplicate relative to an injury sustained by the captioned employee. Immediate the enclosed forms and return.

Enclosures (2)

LY: AFTENTION PERSONNEL SE

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REPLY: ATTENTION PERSONNEL SECTION

MAIL BOOM I



March 51, 1958

IN REPLY REFER TO FILE NO.

File No: X-1172708

The Director
Federal Bureau of Investigation
U. S. Justice Department
Washington, D. C.

We will appreciate your assistance in obtaining the information requested below regarding an injury reported to have been sustained by the employee named at the foot of this letter. Please write your answer after each question or on the back of this letter. If reports are called for, it will be very helpful if you will forward them attached to this letter.

> Very truly yours, John I. Rewman

Chief, Division of Claims Services

Form CA-3 is required inasmuch as Form CA-2 does not show date on which employee returned to duty.

67 - NOT RECORDED

Dategoffinjurve 11958 September 9,

1957

Employee:

Mr. Edwin R. Fully 940 First National Bank Building Oklahoma City, Oklahoma

WD: fk

38

Director, FBI

PERSONAL ATTENTION

EDWIN R. TULLY
Assistant Special Agent in Charge
Compensation Matter

| (        | ļ            | Rebulet                                                |
|----------|--------------|--------------------------------------------------------|
| <b>(</b> | )            | Reurlet                                                |
| (        | <b>)</b> }   | Re Physical Examination                                |
| (        | )            | Advise Bureau of present weight without clothing.      |
| ),       | )            | Advise Bureau if dental work has been completed.       |
| ),       | )            | Advise Bureau if vision has been corrected to 20/20.   |
| (        | )            | Advise Bureau re physical condition.                   |
| (        | · <b>)</b> . | Advise Bureau condition of                             |
| ,(       | )            | Submit results of chest X ray immediately.             |
| (°       | ).           | Submit statement from doctor advising if Agent is qual |

- ( ) Submit Bureau of Employees Compensation forms.
- (X) The Bureau is in receipt of form FL-1 dated 3-5-58 from the Bureau of Employees' Compensation (BEC) wherein it is requested that form CA-3 be submitted relative to an injury sustained by the captioned employee. Accordingly, submit form CA-3 promptly for transmittal to BEC.

for strenuous physical exertion and the use of firearms.

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REPLY ATTENTION PERSONNEL SECTION

Holloman \_\_\_\_\_ MAIL ROO

Office Memorandum • UNITED STATES GOVERNMENT

TO: Mr. Mohr

FROM • H. L. Edwards Wie

SUBJECT: BUREAU AUTOMOBILE ACCIDENT
CAR NO. R-123; 1956 Ford
Date 12/19/57
Damages \$203.94
Driver SA Robert D. Oswalt
Oklahoma City Division

UNITED STATES GOVERNMENT

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No. 1

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About 1:20 p.m. on 12/19/57 while operating Bucar of official business SA Oswalt was involved in an accident near Yukon, Oklahoma.

SA Oswalt advised he was proceeding west on U.S. Highway 66 enroute from Oklahoma City to Clinton, Oklahoma, where he is assigned as resident agent. About eight-tenths of a mile west of Yukon he momentarily fell asleep and Bucar struck a rural mailbox set upon a 3" steel pipe anchored in an automobile wheel. He was traveling about 55 to 60 mph in a 65 mph speed zone. SA Oswalt states on previous night 12/18/57, he had returned to his hotel at approximately 11:20 p.m. after working in the office. During the night he became ill and was up several times due to nausea and vomiting and on 12/19/57 he was extremely tired, nervous, feverish and ached in the joints of his legs. About noon on 12/19/57 he informed ASAC Tully that he was possibly coming down with the flu and requested permission to return to his home in Clinton approximately 90 miles from Oklahoma City. ASAC Tully offered to have someone drive him home but Oswalt did not feel that this was necessary as he had taken no medication and had never previously had fainting or drowsy spells. (It was subsequently determined that SA Oswalt did not consult the doctor in regard to his illness; however, he was on sick leave on 12/20/57. He returned to his home on 12/19/57 after the accident and went to bed where he slept and rested for 18 straight hours and thereafter did not feel the need for medical attention.) 76 420-142

Accident investigated by Oklahoma Highway Patrol and report of the investigating officer reflects Bucar dropped off the highway, skidded 63', hit the mailbox and then skidded 132' and came to a stop on the highway. Under "driver's actions" in the police report "exceeded safe speed" is indicated.

There were no witnesses. SA Oswalt's insurer has paid or damages to mailbox in the amount of \$10. There were no personal injuries.

Enclosures
NEM:pmd (2)

memo to

The same

### BUREAU RECORD:

SA Oswalt entered on duty 10/12/42 and is in grade GS-13, \$9420. Services satisfactory, rated Excellent on 1957 annual performance rating. He has not previously been involved in Bucar accident for which he was held responsible.

## DEFICIENCIES IN INVESTIGATIVE REPORT:

Original report dated 12/30/57 in this matter was prepared by SA Byron E. McFall and approved by ASAC Tully who was acting as SAC. This report was incomplete and it was apparent the entire matter was handled in a most careless manner in Oklahoma City. Bureau by memorandum 1/21/58 instructed that amended pages be submitted and called a number of delinquencies to Oklahoma City's attention. The report contained no information concerning the identity of the owner of the mailbox the damage to the mailbox of whether the agent was covered by insurance. Furthermore, the results of the police investigation were not set out in the report and the name of the operator of the Bucar was not set out in the title although all of this information is required by existing regulations. Oklahoma City has now submitted a revised report dated 1/29/58.

SA McFall has explained that he did contact the owner of the mailbox . and had discussions with SA Oswalt regarding his insurance coverage and the fact that his insurance company was handling the claim for damage to the mailbox; however, he did not include this information in the report. He noted that the police report was not set up in such a manner that it could be copied into his investigative report, thus it was not included. He inadvertently failed to include SA Oswalt's name in the title of the case.

Bureau memorandum of 1/21/58 also requested that Oklahoma City furnish by cover memorandum information concerning the periods SA Oswalt worked on 12/18/57, the day before the accident as reflected by official records; whether SA Cswalt had consulted a doctor in regard to his illness and ASAC Tully's comments concerning his discussion with SA Oswalt before he left to return to the resident agency. This information has been received and substantiates information furnished by SA Oswalt.

ASAC Tully, who was acting as SAC, originally recommended that the damages to Bucar be paid by the Bureau 'unless Oswalt's explanation and attending facts indicate to the Bureau that he was negligent or careless in his operation of the car." This recommendation was certainly most inadequate and was called to ASAC Tully's attention. It was further noted that the communication containing this recommendation had been prepared by the reporting agent. It has been pointed cut to ASAC Tully that this is a highly undesirable procedure and should be discontinued immediately and that such communications should be prepared by the SAC, ASAC or supervisor handling these matters.

#### RECOMMENDATIONS OF SAC:

ASAC Tully, acting as SAC, has now advised that after reconsidering this matter it is his decision that SA Oswalt used poor judgment in driving while both overtired and slightly ill and therefore recommended that he pay for the damages to the Bucar. He recommended no administrative action be taken against SA Oswalt as no one knows better than he does now that it would have been much better not to drive under the circumstances.

ASAC Tully recommended that SA Byron E. McFall be censured for failing to include in his investigative report information relative to the owner of the mailbox and damage to the mailbox, as well as information concerning SA Oswalt's insurance and failing to set out in the report the results of the police investigation. ASAC Tully also recommended that he be censured for approving this report without noting these delinquencies.

#### **RECOMMENDATIONS:**

1. That SA Oswalt be held responsible for this accident and required to pay cost of repairs to Bucar.

2. SA Oswalt exercised poor judgment in driving Bucar when he was tired and not feeling well and thereafter aggravated his original mistake by driving at an excessive rate of speed as indicated by the police report. It is therefore recommended that SA Oswalt be censured.

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3. That SA Byron E. McFall be censured for the deficiencies noted in the report he prepared dated 12/30/57.

4. That ASAC Tully be censured for approving SA McFall's report without noting the delinquencies therein and for his failure to insure that this entire matter was handled in a more efficient manner in the Oklahoma City Office.

Springer 17

PERMANENT BRIEFS OF THE PERSONNEL FILES OF SAS OSWALT AND FILE FALL ARE ATTACHED.

# ffice Memorandum • UNITED STATES GOVERNMENT

DIRECTOR

DATE: JAN. 29, 1958

FROM : SAC, OKLAHOMA CITY

(66-2225)

Carroll X D:y/=

SUBJECT:

ACCIDENT INVOLVING BUCAR #R-123 1956 Ford, Dec. 19, 1957 SA ROBERT D. OSWALT, Driver

ReBulet Jan. 21, 1958. | Edul V N. | Tull V

Enclosed are copies of the report of SA BYRON E. MCFALL, dated at Okla. City, Jan. 29, 1958. This replaces the report of SA McFALL dated Dec. 30, 1957. The enclosures mentioned in referenced report of Jan. 29, 1958, have previously been furnished to the Bureau.

The following additional information is also reported, per Bureau instructions:

The daily report of SA OSWALT for Dec. 18, 1957, reflects that he arrived at the Okla. City Office at 4:48 p.m., from Clinton Okla., where he is Resident Agent. His No. 3 card for Dec. 18, 1957 also reflects that he arrived at 4:48 p.m. He left the office at 6:00 p.m. for dinner and returned at 7:15 p.m. He then left the office for the night at 10:55 p.m., destination Roberts Hotel, Oklastity. The No. 1 register and No. 3 card for Dec. 19, 1957, for SA OSWALT reflect that he arrived in the office at 8:15 a.m. There after he visited the office of the U.S. Attorney from 9:50 a.m. until 11:30 a.m. He departed from Okla. City at 12:50 p.m. His daily reports indicate he was on sick leave Dec. 20, 1957.

On Jan. 23, 1958, SA OSWALT advised he did not consult a doctor during the evening of his illness Dec. 18, 1957, because he was in a hotel, the hour was late and he did not consider his condition serious enough to require medical aid that night or the following day. He further advised that when he returned home on Dec. 19, 1957, he went to bed and slept and rested for eighteen hours, and that thereafter he alt no need for medical attention. He said he did later discuss his condition with his personal physician, Dr. J. H. TISDAL, who suggested that possibly OSWALT had a fever on Dec. 19, 1957, which could have caused drogsiness.

TO THE DIRECTOR
FROM SAC, OKLAHOMA CITY
JAN. 29, 1958

RE: ACCIDENT INVOLVING BUCAR #R-123 1956 Ford, Dec. 19, 1957 SA ROBERT D. OSWALT, Driver Oklahoma City Division

ASAC E. R. TULLY desires to make the following comments:

Dec. 19, 1957, was the day before the Semi Annual Agents! SA OSWALT came into my office on the morning of Dec. 19, 1957, and said he did not feel well and thought he would go home. reminded him that the conference was scheduled for the next day. then advised me that he had been sick during the night and thought he might be getting the flu. I asked him if he had consulted a doctor, and he told me he had not, as he did not think that was necessary. I then said I had better have an Agent drive him home, since Clinton, Okla., is approximately 90 miles from Okla. City. He said that was unnecessary and that although he was not feeling well, he was not sick enough to have an Agent accompany him. It was suggested that he go back to the hotel and lie down, but SA OSWALT stated if he were getting the flu, he would be better off at home rather than in a hotel. Again I said I thought it might be best if an Agent drove him to Clinton, but he dismissed the idea as completely unnecessary. During our discussion he indicated he had taken no medicine or drugs. He said he was quite capable of driving, and I thought he was in the best position to judge this. He looked and acted O.K. as he left my office.

SA BYRON E. McFALL, who conducted the investigation in this matter and who prepared the report, states that his first concern upon arriving at the scene of the accident was naturally the condition of SA OSWALT. Finding SA OSWALT in fairly good condition, he briefly reviewed the facts with OSWALT and with Trooper Trooper stated that the home of is the only residence in the area where witnesses might have been available. He said he contacted the residence and spoke to who stated she had not seen the accident, but had looked out after she heard the crash. Trooper told SA McFALL that he would submit a report within a few days. During the ride to Clinton, Okla., SA OSWALT advised SA McFALL he would call his insurance agent shout the damage, and he said he was certain his personal insurance would not cover the Bureau car but that it would probably cover the damage to the mail box of

After it was determined that the Bureau car was not covered by SA OSWALT'S insurance, SA McFALL considered it superfluous to

TO THE DIRECTOR FROM SAC, OKLAHOMA CITY JAN. 29, 1958

RE: ACCIDENT INVOLVING BUCAR #R-123 1956 Ford, Dec. 19, 1957 SA ROBERT D. OSWALT, Driver Oklahoma City Division

mention insurance, although it is evident now that same should have been mentioned, and it is included in the revised report.

The report of the investigation by the Okla. Highway Patrol, considered the best evidence of the results of the police investigation, was not set up in the investigative report itself since it does not lend itself to recopying in the investigative report. However, sufficient copies should have been attached as exhibits, which has been done in the revised report.

The failure to include SA OSWALT'S name in the title was through inadvertence and has been corrected.

Since SA McPALL had discussed the recommendation as to OSWALT'S responsibility for the accident with ASAC TULLY, he proceeded to dictate the recommendation along with the report since he had to dictate the recommendation along with the resumed that ASAC TULLY'S ASAC TULLY'S view on the matter and it was presumed that ASAC TULLY'S approval of the outgoing communication ratified the recommendation. The qualification in the recommendation, which the Bureau considers the qualification in the recommendation, which the Bureau it was felt that not sufficiently clear-cut, was made solely because it was felt that an outright recommendation would be somewhat presumptuous in that it an outright recommendation would be somewhat presumptuous in that it would substitute the judgment of this office for that of the Bureau. However, it is clear now that that was not in keeping with the Bureau's instructions in these matters, and a positive recommendation is now made herein.

This entire matter has been discussed at great length with SA McFALL by ASAC TULLY, and the importance of having these investigations specific and accurate in keeping with Bureau instructions was emphasized and is now clearly understood.

As the Acting SAC, I have again carefully considered the facts in this case. I agree that my first recommendation was not a clear-cut, definite recommendation. It is difficult to judge how much effect OSWALT'S health had on his driving. His admission that he momentarily went to sleep might be construed as a clear-cut case of momentarily went to sleep might be construed as a clear-cut case of carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were in the facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were it not for the concomitant facts relative to his ill carelessness were in the facts relative to his ill carelessness were in the facts relative to his ill carelessness were in the facts relative to his ill carelessness were in the facts relative to his ill carelessness were in the facts relative to his

TO THE DIRECTOR FROM SAC, OKLAHOMA CITY JAN. 29, 1958 ACCIDENT INVOLVING BUCAR #R-123 1956 Ford, Dec. 19, 1957 SA ROBERT D. OSWALT, Driver Oklahoma City Division

and this seemed to be all he needed since he never felt it necessary to see a doctor. This factor tends to indicate that he was over tired as well as feeling ill. This factor of being over tired could bring about the conclusion that OSWALT used poor judgment in driving in such a condition. I have tried to make this recommendation clear-cut but just, in keeping with Bureau policy.

Consequently, after additional serious consideration of this entire matter, it is now my decision that SA OSWALT used poor judgment in driving while he was both over tired and slightly ill, and he, therefore, should pay for the damages to the Bureau car. I recommend no administrative action against SA OSWALT, for no one knows better than he does now that it would have been better not to drive when he felt as he did.

I recommend a letter of censure for SA BYRON E. McFALL for failure to include in the investigative report information relative to the owner of the mail box and damage to the mail box, as well as information concerning insurance, and failure to set out in the report the results of the police investigation.

I recommend a letter of censure for myself for approving this report without noting these delinquencies.

PLEASE DO NOT MUTILATE THESE FORMS IN ANY WAY.

(Edwin Rotully)

Bulet 4-1-58 to BEC Form sent to BEC---JWM imm

07-NOT RECORDED

1 APR 2 1958

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# TOTAL OR PARTIAL DISABIL

[To be forwarded to the U.S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, Washington 25, D. C., through official channels as soon as disability from injury terminates. This form to be submitted for each injury resulting in any disability, whether or not employee makes claim for compensation.]

| 1. Department of Justice 2. Bureau or office                                                                                                                             | Federal Bureau of Investigat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tion                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 3. Place of employment #BL (Arsenal, Navy Yard, etc.)                                                                                                                    | Oklahoma City, Oklahoma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ,                                       |
| A Then are of informed amplement Edwin R. Tu                                                                                                                             | 11y (State.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 200224744                               |
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| c mine annious standard work September 12                                                                                                                                | (Day of week.) (Hour, a. m. o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | a • m.)                                 |
| 6. Time employee scopped work                                                                                                                                            | (Day of week.) (Hour, a. m. o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7 p. m.)                                |
| 7. Time employee's pay stopped(Date.)                                                                                                                                    | (Day of week.) (Hour, a. m. o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r p. m.)                                |
| 5. Time of injury                                                                                                                                                        | d., and Fri. Gofwon Thursday. To of pay after termination of disability?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 14 y 1                                  |
| If so, when? same day of injury If                                                                                                                                       | not, state character of work performed upon re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | oturn to.                               |
| duty and rate paid employee for such work                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 10. Actual time disabled (including Sundays and holidays)                                                                                                                | one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | days.                                   |
| 11. Number of days for which employee would have receive                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 12. If employee was receiving subsistence as part of his was                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| of disability? If not, give dates on w                                                                                                                                   | hich subsistence was not furnished                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | *******                                 |
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| 13. Has employee been paid for any portion of above abser                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
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| (a) Annual leave?(b) Sick leave?                                                                                                                                         | (Givê exact dates.)<br>9-12-57                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |
| (0) Sick leaver                                                                                                                                                          | (Give exact dates.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ~~~~~                                   |
| (c) Any other reason.                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 14. Nature of injury  15. Remarks due to accumulation of sick                                                                                                            | Jeane employee lost no pay f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |
| 15. Remarks day off taken due to in jury                                                                                                                                 | 10000, Umployed 1000 70 pag j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |
| [The following information is to be furnished only in case of deat duty. If death results immediately, or if no Report of Injury has p be forwarded herewith.]  REPORT O |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mance of 2, should                      |
|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 16. Full name of deceased employee.                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 17. Time of death, 19 18. Time employee's pay stopped                                                                                                                    | (Day of week.) (Hour, a. m. o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r p. m.)                                |
| 18. Time employee's pay stopped(Date.)                                                                                                                                   | ., 19 (Day of week.) (Hour, a. m. o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | r p. m.)                                |
| 19. Place of death                                                                                                                                                       | (Cily or town, and State.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ,                                       |
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| 21. Widow of deceased employee(Gloefull name.)                                                                                                                           | (Address.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |
| 22. Children of deceased employee under 18 years of age, or                                                                                                              | r those over 18 who are incapable of self-suppor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | rt:                                     |
| Name.                                                                                                                                                                    | Age.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                                       |
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| 23. Names, relationship, and addresses of all other persons at time of death:                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ecedent                                 |
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| Signed this Anduday of March 1958                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Signed this 35 allay of March, 1958                                                                                                                                      | (Official surviviar 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
| Signed this Adalag of March, 1958<br>Edwin P: Vully                                                                                                                      | (Official superior.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |
| Signed this Adalay of March, 1958  Cdur P. Vully  C. A. 3  U. S. COVERNMENT PRINTING                                                                                     | (ТЩе.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | *                                       |

April 1, 1958

Ur. John J. Newman, Chief Division of Claims Services Bureau of Employees' Compensation United States Department of Labor Washington 25, D. C.

Dear Mr. Newman: ..

Reference is made to your form FL-1 dated March 5, 1958, wherein you requested that form CA-3 be submitted relative to the case of Edwin R. Tully, your file X-1172708.

Enclosed is executed form CA-3.

-Sincerely yours,

John Edgar Hoover Director

Enclosure

| 1 - SAC   | , OKLAHOL | A CÍTY |      | -        |   |
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Personal.

Mr. Carroll Doyle Federal Bureau of Investigation Oklahoma City, Oklahoma

Dear Mr. Doyle:

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MAILED

Commendation is certainly due the agents of the Oklahoma City Division and Assistant Special Agent in Charge Edwin R. Tully who so ably performed in connection with the apprehenaton of Masel Richardson, audject of a Kidnaping case.

The precision with which the participating agents carried out their assignments can be ascribed in part to the capable manner in which the Assistant Special Agent in Charge correlated the developments in this case. The employees displayed admirable teamwork, competence VELLOVE DUPLICATE and resourcefulness and I wish you would convey my sincere

Sincerely yours,

Jan Grand 1 - SAC, Oklahoma City (Personal Attention) Place copy of this letter in personnel files of Assistant Special Agent in Charge Edwin R. Tully and the participating agents not individually commended. Bureau does not feel individual a letters warranted for agents in your office other than SAs Robert O. French and Charles W. Sizemore. AFH:afh (10)/33

Place copies in Personnel Files of: ASAC Edwin R. Tully Clement J. Hood, Charles E. Brunner, Charles F. Bullard, 9 MAC J. Calvin Rice, Byron E. McFall.

SAC, OKLAHOMA \*CITY

January 14, 1958

Director, FBI

PERSONAL ATMITION

EDWIN R. TULLY Assistant Special Agent in Charge Compensation Matter

Enclosed is a copy of letter dated January 7 1958, from Mr. John J. Newman, Bureau of Employees' Compensation, which is self-explanatory. Submit requested forms promptly for tansmittal to Bureau of Employees' Compensation.

Furnish your explanation as to why appropriate compensation forms were not submitted and advise why injury of 9/9/57 was not reported to Bureau.

Enclosure

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DIRECTOR

JAN. 16, 1958 DATE:

FROM : SAC, OKLAHOMA CITY

SUBJECT:

EDWIN R. TULLY Assistant Special Agent in Charge Compensation Matter

ReBulet Jan. 14, 1958.

Enclosed are Forms C.A.1 and C.A. 2.

As will be noted from the date of the reports, these reports were filled out promptly at the time of my injury on Sept. 9, 1957. They were delivered to the doctor's office, where I turned them over to the nurse in charge. Thereafter I was home for a few days on sick leave due to the injury. forms were mailed back to the Okla. City Office, attention SAC, where they were inadvertently dropped into my personal correspondence folder. An investigation was made upon the receipt of Bulet and their location determined.

I sincerely regret causing the unnecessary trouble which has arisen in this matter, and I am sorry that the forms, through inadvertence, were not sent to the Bureau in the proper fashion.

Enclosures

Bulit 1-28-58
Tom cA-2 suit

ERT/ms (3)

JAP: 31 1958

3 feets

FEB 5

February 13, 1958

PERSONAL

Mr. Edwin R. Tully Federal Bureau of Investigation Oklahoma City, Oklahoma

Dear Mr. Tully:

Attention has been directed to the fact that you approved a report dated December 30, 1957, concerning an accident involving an official automobile which occurred on December 19, 1957, and you did not discover delinquencies in the report. Specifically, the owner of property damaged in the accident was not identified in the report, full details relating to the damage were not reported and the report did not indicate if the operator of the Bureau vehicle was covered by insurance. In addition, the results of investigation performed by the police were not set out in the report and the title of the report did not contain the name of the driver of the Bureau car even though this is a requirement. In view of the foregoing deficiencies it is apparent that you did not review the report with sufficient care.

You should realize that matters of this type require careful supervision and in the future it will be incumbent upon you to carry out your responsibilities with a higher degree of thoroughness so that there will be no further reason to criticize you in this fashion.

| iurther reason to cri                 | ticize you in this fashion | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |                 |
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| · · · · · · · · · · · · · · · · · · · | COMM - FBI                 | Very truly yours,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1277128         |
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|                                       | EED 10 com                 | Ja Edgar Hoover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2.3% -300       |
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| olson                                 | MAILED 31                  | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
| ichols 1-SAC, Oklahoma C              | ity, (PERSONAL             | John Edgar Hoover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | K. T.           |
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| elmont A                              | ATTENTION)                 | Director, 327                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 49-             |
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| sen_TANGPAY                           | •                          | S. DEFT, I.F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | , <b>4</b>      |
| mm - (5)                              | ed on memo H.T. Edward     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NTTT N (form of |
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# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

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|--------------------------|---------------------------|-----------------------------|---------------------------------------------|
|                          | EDWIN R. OTULLY           |                             | . J.M.                                      |
| lame of Employee:        | EDMIN II. TOTHI           | <del></del>                 | <del></del>                                 |
| Where Assigned:          | OKLAHOMA CITY             |                             |                                             |
| where Assigned.          | (Division)                | (Section, Unit              | )                                           |
| Official Position Title: | ASSISTANT SPEC            | IAL AGENT IN CHA            | RGE                                         |
| Rating Period: from      | APRIL 1, 1957             | toMARCH 31                  | , 1958                                      |
|                          |                           | •                           |                                             |
|                          |                           |                             | F                                           |
| ADJECTIVE RATING:        | EXCELLENT                 |                             | Employee's Initials                         |
|                          | Outstanding, Excellent, S | atisfactory, Unsatisfactory | 827                                         |
|                          | Λ Λ                       | CDECTAT ACESIM              |                                             |
| ( AA                     | and Denta                 | SPECIAL AGENT<br>IN CHARGE  | APRIL 7, 195                                |
| lated by:                | . Signature               | Title                       | Date                                        |
| Reviewed by:             | V                         |                             |                                             |
|                          | Signature                 | Title                       | Date                                        |
| Rating Approved by:      | Inour                     | Assistant Director          | APR 29 1958                                 |
|                          | Signature                 | Title                       | Date                                        |
|                          |                           | £V                          |                                             |
|                          | TYPE OF REP               | ORT REC 126 67              | 21190-19                                    |
| ίΧι                      | Official                  | ( ) Administratives         | rehed                                       |
|                          | (X) Annual                | ( ) 60-Day                  | * ************************************      |
|                          |                           | ( ) Transfer                | 5 APR 17 1958                               |
|                          |                           | ( ) Separation from         | Service                                     |
|                          |                           | ( ) Special                 | QCI VICE                                    |

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# NARRATIVE COMMENTS

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

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# POFORMANCE RATING GLOE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

| Name of Employee EDWIN R. TULLY                                                                                                                                | Assistant Special                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Employee EDWIN R. TOLLY                                                                                                                                | Title Agent in Charge                                                                                                                                          |
|                                                                                                                                                                | 4-1-57 3=31-58<br>Rating Period: fromtoto                                                                                                                      |
| RATING GUIDE ANI                                                                                                                                               | D CHECK-LIST                                                                                                                                                   |
| Note: Only those items having pertinent bearing on employee's performance s                                                                                    | should be rated. All employees in same salary grade should be compared.                                                                                        |
| , Rate nems as follows;                                                                                                                                        |                                                                                                                                                                |
| — Outstanding (exceeding excellent and deserving of special commendation).  Excellent.                                                                         | •                                                                                                                                                              |
| Satisfactory (good or very good).                                                                                                                              | عب                                                                                                                                                             |
| Unsatisfactory.  No opportunity to appraise performance during rating period.                                                                                  |                                                                                                                                                                |
| Guide for determining adjective rating:                                                                                                                        | •                                                                                                                                                              |
| 1. "Outstanding" adjective rating requires (A) that all rated elèments be "+" and (B                                                                           | that each and event rated element he factually justified by parenting detail on                                                                                |
| reverse of Form FD-185.                                                                                                                                        | ***************************************                                                                                                                        |
| 2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon                                                                          | the composite result of evaluating all rated elements rather than following any                                                                                |
| mechanical formulas; however, for an employee to be rated "Excellent" he must regulide and check list and must be rated "Excellent" or "Outstanding" on the ma | NOT be rated unsatisfactory on any performance evaluation factors on the rating jointy of such rating factors. Good judgment must be ever-cised to incure that |
| adjective rating is reasonable in the light of elements rated.                                                                                                 |                                                                                                                                                                |
| A. Any element rated "Unsatisfactory" must be supported by narrative comments                                                                                  | S                                                                                                                                                              |
| B. An "official" adjective rating of "Unsatisfactory" must comply with the require                                                                             | aments described on the reverse of form FD-185.                                                                                                                |
| E (1) Personal appearance.                                                                                                                                     | E (17) Pi                                                                                                                                                      |
| (1) Personal appearance. (2) Personality and effectiveness of his personal contacts.                                                                           | (17) Firearms ability.  (18) Development of informants and sources of information.                                                                             |
| (3) Attitude (including dependability, cooperativeness, loyalty,                                                                                               | (19) Reporting ability:                                                                                                                                        |
| enthusiasm, amenability and willingness to equitably share                                                                                                     |                                                                                                                                                                |
| work load).                                                                                                                                                    | (b), Summary reports                                                                                                                                           |
| (4) Physical fitness (including health, energy, stamina).                                                                                                      | (c) Memos, letters, wires                                                                                                                                      |
| (5) Resourcefulness and ingenuity. (6) Forcefulness and aggressiveness as required.                                                                            | .(Consider: + conciseness; + tclarity; + Torganization;                                                                                                        |
| (7) Judgment, including common sense, ability to arrive at proper                                                                                              | thoroughness;                                                                                                                                                  |
| conclusions, ability to define objectives.                                                                                                                     | nency of leads; ± administrative detail.)                                                                                                                      |
|                                                                                                                                                                | (20) Performance as a witness.                                                                                                                                 |
| responsibility.                                                                                                                                                | (21) Executive ability:  (a) Leadership.                                                                                                                       |
| (9) Planning ability and its application to the work.                                                                                                          | (b) Ability to handle personnel                                                                                                                                |
| E (10) Accuracy and attention to pertinent detail.                                                                                                             | E (c) Planning                                                                                                                                                 |
| (11) Industry, including energetic, consistent application to duties.                                                                                          | (d) Making decisions                                                                                                                                           |
| (12) Productivity, including amount of acceptable work produced                                                                                                | (f) Training subordinates                                                                                                                                      |
| and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is                                           | (g) Devising procedures                                                                                                                                        |
| attributable to causes beyond employee's control.                                                                                                              | (h) Emotional stability                                                                                                                                        |
| (13) Knowledge of duties, instructions, rules and regulations, in-                                                                                             | (i) Promoting high morale  (i) Getting results                                                                                                                 |
| cluding readiness of comprehension and "know how" of                                                                                                           | (22) Ability on raids and dangerous assignments:                                                                                                               |
| application.                                                                                                                                                   | (a) As leader                                                                                                                                                  |
| (14) Technical or mechanical skills.  (15) Investigative ability and results:                                                                                  | (b) As participant                                                                                                                                             |
|                                                                                                                                                                | (23) Organizational interest, such as making of suggestions for                                                                                                |
| + (b) Criminal or general investigative cases                                                                                                                  | improvement, (24) Ability to work under pressure.                                                                                                              |
|                                                                                                                                                                | (25) Miscellaneous. Specify and rate:                                                                                                                          |
|                                                                                                                                                                | Dictation ability                                                                                                                                              |
| (e) Accounting cases                                                                                                                                           |                                                                                                                                                                |
| (16) Physical surveillance ability.                                                                                                                            |                                                                                                                                                                |
| A. Specify general nature of assignment during most of rating period (suc' as se                                                                               | ecurity, criminal, applicant squad, or as Resident Agent, supervisor, instruc-                                                                                 |
| tor, etc.):Assistant Special                                                                                                                                   | _Agent_in_Charge                                                                                                                                               |
|                                                                                                                                                                | <u> </u>                                                                                                                                                       |
| B. Specify employee's most noteworthy special talents (such as investigator, desk r                                                                            |                                                                                                                                                                |
|                                                                                                                                                                | man, research, instructor, speaker):                                                                                                                           |
| Desk man.                                                                                                                                                      |                                                                                                                                                                |
| C. (1) Is employee available for general assignment wherever needs of service required                                                                         | quire?_Yes[f answer is not "yes," explain in narrative comments.)                                                                                              |
| (2) Is employee available for special assignment wherever needs of service required                                                                            | uire?_Yes! answer is not "yes," explain in narrative comments.)                                                                                                |
| D. 1. Has employee had an abnormal sick leave record during rating period? N                                                                                   | , · · · · · · · · · · · · · · · · · · ·                                                                                                                        |
| during such period? MO "I answer to either question is "Yes," explain in 1                                                                                     | 2. rias employee used more sick leave during rating period than earned                                                                                         |
|                                                                                                                                                                |                                                                                                                                                                |
| E. Is employee qualified to operate a motor vehicle incidental to his official duties                                                                          | (LX_I Yes No                                                                                                                                                   |
| physically fit to drive. (c) Past safe driving record OK or has passed Bure                                                                                    | alid State or local operator's license for type vehicle he is to use. (b) Is -                                                                                 |
| Endannia in to an ed tal van can diring record out as min baraca pure                                                                                          | · · · · · · · · · · · · · · · · · · ·                                                                                                                          |
|                                                                                                                                                                |                                                                                                                                                                |
| EXCELLENT                                                                                                                                                      | EMBI OVEES INITIALS SOLY                                                                                                                                       |
| ADJECTIVE RATING: EACEDDENT                                                                                                                                    | EMPLOYEE'S INITIALS OF U                                                                                                                                       |

Oklahoma City, Okla. April 7, 1958

EDWIN R. TULLY Assistant Special Agent in Charge

#### ANNUAL PERFORMANCE RATING

#### PART I - GENERAL COMMENTS

ASAC Edwin R. Tully presents an excellent appearance, possesses a pleasing personality and is well liked by individuals whom he has occasion to meet in connection with his Bureau work. He represents the Bureau very favorably as a speaker and in contacts with law enforcement officers. He is poised, a good conversationalist and is always alert to protect the Bureau's interests. ASAC Tully is amenable to constructive suggestions. He is intelligent, aggressive and persevering.

ASAC Tully handles an exceptionally large volume of work, which requires a minimum of supervision. He has exercised very good judgment in making decisions of an official nature. He has demonstrated the ability to direct and participate in complicated investigative matters, as well as raids and dangerous assignments. There are no limitations on his availability and no physical limitations affecting the performance of his work. He has very effectively administered the Oklahoma City Division during the absence of the SAC from headquarters city and has demonstrated that he can direct personnel and consistently afford necessary guidance. He has been rated excellent in dictation ability. As ASAC he has been called upon to supervise a wide variety of matters in the criminal, applicant and security fields. He has discharged his responsibilities in a very capable manner.

By letter dated June 5, 1957, the Director commended those Agents in the Oklahoma City Division who participated in the investigation of the extortion case involving ASAC Tully participated in that investigation.

By letter dated November 29, 1957, the Director commended those Agents in the Oklahoma City Division in connection with the successful solution of three bank robberies within the period of one month. ASAC Tully participated in all three investigations.

#### PART II - SPECIFIC COMMENTS

Justification for Any Minus Ratings Given.
 Not applicable.

### 2. Experience and Ability as Inspector's Aide

ASAC Tully is a qualified Inspector's Aide. He has not participated in inspections during the rating period; however, he was previously assigned to inspections in other divisions and performed his duties in an entirely satisfactory manner.

# 3. Participation in Informant Program

ASAC Tully assists in the administration of the informant program. He has demonstrated his capabilities in this respect.

# 4. Testifying Experience and Ability

ASAC Tully has testified on numerous occasions in the past before the U.S. Commissioner, Federal Grand Jury and U.S. District Court. He is an antirely satisfactory witness.

# 5. Disciplinary Action

By letter dated February 13, 1958, the Director criticized ASAC Tully for his failure to discover delinquencies in a report dated December 30, 1957, concerning an accident involving an official Bureau automobile, which occurred on December 19, 1957. The foregoing has been taken into consideration in arriving at the over-all rating given and also the ratings on individual elements on the rating guide and check list.

# 6. Accounting Information

Not applicable.

# 7. Police Instruction

ASAC Tully has appeared before police schools in this division and has very creditably represented the Bureau in this regard.

# 8. Sound Training

Not applicable.

- 9. Resident Agent
  Not applicable.
- 10. Foreign Language Ability
  Not applicable.
- 11. Current Suitability for Administrative Advancement

ASAC Tully has very capably demonstrated his ability along supervisory, administrative and executive lines in this division. He is interested in and available for administrative advancement. ASAC Tully is a capable leader and has shown his ability to handle and direct personnel.

Rating: EXCELLENT

CARROLL DOYLE

SAC

CD/ms (2)

I have read the above.